

Buprenorphine-Naloxone

SUBOXONE® & GENERICS

FREQUENTLY ASKED QUESTIONS



Buprenorphine-Naloxone is a relatively new medication which is actually a combination of two different drugs:

1. Buprenorphine which is an opiate agonist – means that it can be used as an opioid substitute
2. Naloxone which is actually Narcan which is used to reverse the effects of an opioid overdose

Why both these drugs in one pill?

Buprenorphine acts by locking on to the mu receptors in the brain, saturating them and preventing other opioids from accessing them. This means that if a patient is taking buprenorphine, other opioids such as heroin or morphine or oxycontin will have no effect and no rush of pleasurable experience.

Naloxone is included to make the medication safer. It also makes suboxone (and generics) less valuable as a diverted street drug.

How is Buprenorphine-Naloxone supplied?

It comes in two strengths: 8 mgs Buprenorphine and 2 mgs naloxone (8/2), as well as 2 mgs Buprenorphine and 0.5 mgs naloxone (2/0.5)

These pills are sublingual and **MUST** be given this way.



How to Administer Buprenorphine-Naloxone

What sort of technique should be used when it is being given?

The pill is placed under the patient's tongue. He or she should sit with head bent slightly forward to encourage saliva to pool and help the pill to dissolve. It usually takes 3 – 5 minutes. More than one pill can be given at a time. The patient **MUST** not swallow until after the pill has totally dissolved. **If Buprenorphine-Naloxone is swallowed it is deactivated by stomach acids.**



When should Buprenorphine-Naloxone be given?

Buprenorphine-Naloxone **MUST** be given to the patient when he or she is in good full blown withdrawal. If that is not the case, it will knock any opioids off the mu receptors and push the patient into total withdrawal, which is a horrible experience.

Withdrawal is measured using **COWS: Clinical Opioid Withdrawal Scale** and there are very specific symptoms and signs which are observed and judged for severity. It is generally recommended that the COWS score should be 13 or greater before suboxone is given.

Are there side effects?

Like all medications there are side effects. These include vomiting, constipation, headaches, dizziness and other side effects which can be found with any medication. Buprenorphine-Naloxone has a half life of about 36 hours and should never be taken in excess of what is prescribed. It can be very dangerous to other people who are opiate naïve, especially children, and should be kept in a safe place, preferably locked securely.



Can patients ever get off Buprenorphine-Naloxone?

Yes, but we recommend that opioid dependent patients stay on Buprenorphine-Naloxone for some months in order to get their lives back to normal. It can be used for what we call rapid detox, but this is almost never long lasting. It is used by detox organizations, and is also used by BC Corrections to help inmate patients who arrive in full blown withdrawal. It is a humane way of dealing with this horrible misery and works very well. When it is time to try to reduce and get off Buprenorphine-Naloxone, it can be done by the prescribing physician, slowly and carefully in order to make sure the patient doesn't relapse back to opioid use.

General Questions



What about cost?

Suboxone and generics are covered under Pharmacare, and on February 1st 2017 Suboxone and generics were added to the list of medications available to patients under the Pharmacare Psychiatric Medications Plan (Plan G). The usual restrictions re: cost apply to those patients not covered.



How does it compare with Methadone?

It is safer than methadone because of the naloxone component. It is very well tolerated. It is a pill, not liquid and this is, for most patients, an improvement. It is easier to take on holiday or to work. And it is just as effective, but needs to be treated with the same respect as methadone.



Who can prescribe Buprenorphine-Naloxone?

Any physician who has completed a recognized online training course or attended a CME about prescribing buprenorphine-naloxone.