AUTHORIZED BY: CPC Quality of Care Committee
ISSUE DATE: February 2024
CATEGORY: ACP/PCP Medications
TITLE: **Buprenorphine/Naloxone**

Other Names:
- Suboxone

Classifications:
- Schedule III narcotic analgesic

Pharmacodynamics:
- A partial agonist at the mu-opioid receptor and an antagonist at the kappa-opioid receptor. It demonstrates a high affinity for the mu-opioid receptor but has lower intrinsic activity compared to other full mu-opioid agonists

Onset:
- Strips: 20-45 minutes (fully dissolves in 10 minutes)

Peak:
- Strips: 1-4 hours

Duration:
- Strips: up to 3 days with physician clinical management

Indications:
- > 16 y/o
- OUD (opioid use disorder)
- Unaltered LOA
- Received naloxone for current opioid toxicity episode (OUD)
- Patient is exhibiting episodic withdrawal with a COWS' score $\geq$8
- Patient willingness and consent to start Suboxone

Contraindications:
- Hypersensitivity to the buprenorphine
- Taken methadone in the past 72 hours

Precautions:
- Opioid Naïve patients
- Patients with severe respiratory insufficiency: e.g., acute or severe bronchial asthma, chronic obstructive airway, status asthmaticus, acute respiratory depression, and/or cor pulmonale
- Patients with severe hepatic impairment
- Patients with acute alcoholism or delirium tremens and convulsive disorders
- Patients with known or suspected mechanical gastrointestinal (e.g., bowel obstruction or strictures) or any diseases/conditions that affect bowel transit (e.g., acute appendicitis or pancreatitis)
- Patients with severe CNS depression, increased cerebrospinal or intracranial pressure, and head injury
- Patients taking monoamine oxidase (MAO) inhibitors or within 14 days of such therapy.

Adverse Reactions:
- Feeling sleepy or tired
- Feeling dizzy or a sensation of spinning (vertigo)
- Confusion
- Headaches
- Stomach pain
- Itching or skin rashes

Drug Interactions:	• Phenobarbital, Tegretol and Dilantin
Special Considerations:	• Should precipitated withdrawal occur, treatment includes: • Providing support and information to the patient Management of acute symptoms • Avoid the use of benzodiazepines • Encourage the patient to try induction again soon • ACP/PCP medication if authorized (service specific)
Preparations:	• Initial dose 16mg BUP SL/buccal strip • Second dose 8mg BUP SL/buccal strip • Dosing interval – 10 minutes (as required)
References:	• Ontario Provincial ALS Patient Care Standards, Version 5.3 • Compendium of Pharmaceuticals and Specialties 2024

NOTE: ***The information contained herein does not supersede or negate the MoHLTC Provincial Medical Directives and should only serve as general information about the medication itself. For medication dosages, please refer to the current version of the Ontario Provincial ALS Patient Care Standards.***