

Buprenorphine/Naloxone (Suboxone®) Maintenance

Who is buprenorphine/naloxone (Suboxone®) for?

Buprenorphine/naloxone is prescribed for people receiving treatment for opioid addiction (for example, addiction to heroin, morphine, hydromorphone, oxycodone). It helps people abstain from opioids, and helps with withdrawal symptoms and cravings for opioids.

Why do doctors recommend buprenorphine/naloxone (Suboxone®) as the first medication choice for treating opioid use?

- It works about the same as methadone.
- It can be safer than methadone. Buprenorphine/naloxone is less likely to cause an overdose, has fewer interactions with other drugs (like antibiotics, antidepressants, and HIV medications), and has a lower risk of causing heartbeat irregularities.
- You can be more independent with buprenorphine/naloxone. Not everyone can take doses of their buprenorphine/naloxone at home, but many people who take this medication can—over time—transition to taking many (or even most) of their doses at home.
- It's easier to switch from buprenorphine/naloxone to methadone than the other way around.

How do I take buprenorphine/naloxone (Suboxone®)?

- Buprenorphine/naloxone comes as a sublingual (“under the tongue”) tablet. To take it, you will put the tablet under your tongue until it has dissolved completely (this can take up to 10 minutes).
- When you first start taking buprenorphine/naloxone, daily doses of medication will be supervised by a healthcare professional, such as a doctor, nurse, or pharmacist.
- Before taking your first dose, it is important to be abstinent from opioid use for at least 12–24 hours and be experiencing opioid withdrawal (feeling ‘dopesick’). **Without this 12-24 hour wait, buprenorphine/naloxone can make withdrawal symptoms worse (e.g. precipitated withdrawal) than they would be otherwise.**
- If you are switching to buprenorphine/naloxone from methadone, your doctor will work with you to taper your methadone first, and you may need to wait 24–72 hours after your last dose of methadone before starting buprenorphine/naloxone.
- On your first day of taking buprenorphine/naloxone, your doctor may suggest additional non-opioid/non-sedative medications to help with withdrawal symptoms.

What if buprenorphine/naloxone (Suboxone®) doesn't work for me?

If you feel that buprenorphine/naloxone isn't working for you, talk to your doctor. You and your doctor can decide together if you need a different dose of buprenorphine/naloxone, or if you need to try a different treatment option.

WHAT HELPS THIS MEDICATION WORK BEST?

Buprenorphine/naloxone (Suboxone®) helps control symptoms of opioid addiction. Research has shown that once someone is on a stable dose and symptoms are controlled, their odds for successfully staying abstinent are much improved if they stay on the medication for at least a year. Individuals are most successful coming off of the medication if the dose is lowered slowly over several months.



When can I start taking buprenorphine/naloxone at home?

Once you have been on a stable dose, with no symptoms or problems with the medication and you are becoming successful in your overall addiction treatment, you may be able to progress from daily supervised dosing to receiving take-home doses. You and your doctor will decide together if and when take-home doses are the right option for you.

Is there anyone who shouldn't take—or should be cautious about taking—buprenorphine/naloxone?

- If you are pregnant, you will need to work in partnership with a specialist doctor to decide if buprenorphine/naloxone is right for you.
- If you have serious problems with your liver, talk with your doctor about buprenorphine/naloxone.
- While the medication is generally well tolerated, side effects are possible. Talk with your doctor about all the potential side effects of buprenorphine/naloxone.
- Buprenorphine/naloxone should not be mixed with alcohol and/or benzodiazepine medications (for example, Valium®, Ativan®, or Xanax®) or other sedatives. The interaction between these drugs can cause excessive sleepiness and slow down your breathing to dangerously low levels, leading to an overdose that requires immediate medical attention and can cause death. You should talk to your doctor about alcohol use and all other medications you are taking to make sure that you can safely take them at the same time.

Can I take buprenorphine/naloxone (Suboxone®) if I am a young adult?

Yes. Most of the research on this medication has been done with adults, but researchers and doctors who have reviewed the scientific evidence agree that young adults can also benefit from buprenorphine/naloxone as a treatment approach.