

# Buprenorphine-Naloxone (Suboxone) Pharmacy Quick Reference Sheet

The Buprenorphine Team (B-Team) offers patients with Opioid Use Disorder (OUD) the opportunity to be started on buprenorphine while in the hospital. Buprenorphine has been FDA approved to treat OUD since 2000 and is proven to decrease a patient's physical dependency on opioids while increasing self-efficacy and overall quality of life during and after treatment. Primary teams are encouraged to notify the B-Team about any patient who may have a diagnosis of OUD. The B-Team partners with outpatient clinics for continuity of care after the patient is discharged.

<b>Indication</b>	<ul style="list-style-type: none"><li>Moderate to severe OUD and opioid withdrawal (can also be used off-label for pain).</li></ul>
<b>Mechanism</b>	<ul style="list-style-type: none"><li>Buprenorphine - partial opioid agonist, binds to opioid receptors and reduces cravings.</li><li>Naloxone - opioid antagonist, displaces opioids at receptor sites and prevents IV abuse.</li></ul>
<b>Adverse Effects</b>	<ul style="list-style-type: none"><li>Mild risk for over sedation.</li><li>Potential to induce withdrawal.</li><li>Hepatic injury (rare).</li></ul>
<b>Documentation</b>	<ul style="list-style-type: none"><li>When required, the COWS score (similar to CIWA) or opioid cravings should be documented in the MAR comment and on a paper form each time a dose is administered.</li><li>NOT all patients will have a COWS or opioid cravings documentation required. This determination is made by the B-Team provider and will be discussed with the primary nurse to determine if this assessment is needed or if the patient can be started on scheduled dosing.</li></ul>
<b>Administration</b>	<ul style="list-style-type: none"><li>Buprenorphine-naloxone is administered sublingually and is poorly absorbed by the oral route.</li><li>Place one film or tablet under the tongue, close to the base on the left or right side.</li><li>If an additional dose is needed (based on COWS score), place film or tablet on the opposite side from the first dose.</li><li>Place the film or tablet in a manner to minimize overlapping as much as possible.</li><li>Film and tablets should not be chewed, cut, or swallowed.</li><li>Films and tablets must be kept under the tongue until completely dissolved.</li><li>Moistening the mouth with water prior to administration can help with absorption.</li><li>Patients should not eat or drink immediately after administration (~10 minutes).</li></ul>
<b>Monitoring</b>	<ul style="list-style-type: none"><li>COWS is assessed with each dose of buprenorphine-naloxone and reassessed based on level of withdrawal by previous COWS score.</li><li>Monitor sedation using validated scales per hospital policy.</li><li>LFTs (performed prior to start of induction), urine drug screens (frequency/need determined by MD)).</li></ul>
<b>Additional Tips</b>	<ul style="list-style-type: none"><li>If the patient has an acute need for pain medication and is receiving buprenorphine-naloxone, alternative analgesics (ibuprofen, acetaminophen, gabapentin, etc) should be used whenever possible</li><li>Ideally, the patient should not receive any opioids while on buprenorphine-naloxone unless absolutely necessary.</li><li>Buprenorphine-naloxone will not compete with benzodiazepine receptors. Although, the combination may cause increased sedation</li><li>If there is any concern of illicit drug use while taking buprenorphine-naloxone, please contact the primary medical team or the B-Team.</li></ul>

The B-Team is an interdisciplinary group that includes physicians, advanced practice providers, nurses, social workers, case managers, and pharmacists. For questions about the B-Team or for guidance on starting buprenorphine-naloxone **TigerText The Buprenorphine Team**.