



Accurate Clinic

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www.AccurateClinic.com

Buprenorphine

Buprenorphine is an opioid medication used for treating pain and, because of some special characteristics, it is also commonly used for treating opiate addiction.

Buprenorphine for pain

Because of its special characteristics, buprenorphine is growing in popularity for treating pain. It has a long half-life, meaning that it can control pain up to 8-12 hours after a dose. How well and how long a patient responds to buprenorphine for pain is dependent on a number of variables including genetic - your physician can discuss your specific variables with you. Aside from its long duration of action, buprenorphine also has a safety advantage compared with other opioids. Buprenorphine's "ceiling effect" related to suppressing breathing makes it less likely to result in fatal overdose. This may be a particularly valuable characteristic for some people, especially those with sleep apnea who may be at greater risk for opioid-induced suppression of respiration when sleeping. Buprenorphine also appears to have the advantage of being less likely to develop significant tolerance to its pain benefits, unlike many other opioids, particularly oxycodone. And because buprenorphine is different, even those patients with high tolerance who require high doses of opioids such as oxycodone to control their pain, such patients usually respond well to buprenorphine for pain control.

Buprenorphine with other opioids

Buprenorphine has a unique characteristic compared with other opioids commonly used for managing pain. Buprenorphine has a very strong binding affinity to the receptors in the nervous system that provide pain control. This means that it will displace any other opioid in a patient's system and this displacement may trigger withdrawal symptoms if there is a significant amount of another opioid present when a patient first starts taking buprenorphine. For this reason it is important that you discuss how to make the transition from another opioid to buprenorphine before doing so. This strong binding characteristic of buprenorphine also means that when a patient is taking buprenorphine for pain, the addition of other opioids is unlikely to provide significant additional pain benefit. This does not mean, however, that one cannot overdose when adding other opioids when taking buprenorphine. In fact, one can. So it is advised to not take any other opioids while taking buprenorphine for pain unless guided by a physician with special knowledge regarding buprenorphine management. Such circumstances may arise under emergency conditions accompanied by severe pain when not adequately controlled with buprenorphine. In the event this happens, be certain to notify your emergency physician that you are taking buprenorphine so that he can make appropriate decisions to effectively manage your pain.

Different forms and different brands

Buprenorphine is available as a transdermal patch or as a pill or film strip designed to dissolve under the tongue or against the side of the cheek. Buprenorphine is available as a stand-alone medication or in combination with naloxone, a non-therapeutic secondary component added only as an abuse deterrent. Due to the popularity of opioid abuse, most opioids coming to market now are accompanied by some form of abuse deterrent and the addition of naloxone, an opioid blocker, is a popular form. The presence of naloxone offers no benefit for pain management but, if the formulation (tablet or film) is snorted or injected in an attempt to abuse the medication, the naloxone will trigger an immediate withdrawal syndrome meant to discourage abuse.

Butrans is a transdermal patch form of buprenorphine, designed to be worn for one week then replaced. It is an excellent and convenient means of treating mild to moderate chronic pain. Butrans is FDA approved for pain only, *not* addiction.

Suboxone is the most well-known form of buprenorphine in combination with naloxone because it is commonly used to manage opioid addiction as a safer alternative to the use of methadone, another opioid used for both pain and addiction. Suboxone, like the other brands of buprenorphine tablets or film strips, is FDA approved for addiction treatment and therefore its use for pain is considered "off-label". However, as noted above, buprenorphine *is* FDA approved for pain and many medications are commonly used "off-label". Suboxone is available as a tablet or a film strip.

Subutex is buprenorphine only, tablet form. It is used almost exclusively in pregnancy.

Zubsolv is buprenorphine in combination with naloxone, a film strip designed to dissolve under the tongue.

Bunavail is buprenorphine in combination with naloxone, a film strip designed to adhere then dissolve against the



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cheek.

The differences between the brands are primarily dosage-related and with regard to area of placement in the mouth.

What is the most important information I should know about Buprenorphine?

- Buprenorphine can cause death from overdose, especially if you take them with alcohol or sedatives such as Xanax, Valium or Klonopin. Use Buprenorphine exactly the way your doctor tells you to with medicines used to treat depression or anxiety.
- Use Buprenorphine only for the condition for which it was prescribed.
- Buprenorphine can cause drug dependence. This means that you can get withdrawal symptoms if you stop using it too quickly. Buprenorphine is not for occasional (“as needed”) use.
- Prevent theft and misuse. Buprenorphine is a narcotic painkiller that can be a target for people who abuse prescription medicines or street drugs. Keep your Buprenorphine locked in a safe place, to protect them from theft. Never give them to anyone else. Selling or giving away this medicine is against the law.
- In an emergency, have family members tell emergency room staff that you are being treated with buprenorphine.

Who Should Not Take Buprenorphine?

Do not take buprenorphine if:

- your doctor did not prescribe buprenorphine for you.
- you are allergic to buprenorphine, or any of the inactive ingredients in the medicines. See the end of this leaflet for a complete list of ingredients.

Your doctor should know about all your medical conditions before deciding if buprenorphine is right for you or what dose is best. Tell your doctor about all of your medical problems, especially the ones listed below:

- trouble breathing or lung problems • head injury or brain problem
- liver or kidney problems • gallbladder problems • adrenal gland problems, such as Addison’s disease
- low thyroid (hypothyroidism • enlarged prostate gland (men)
- problems urinating • a curve in your spine that affects your breathing
- severe mental problems or hallucinations (seeing or hearing things that are not really there • alcoholism

Tell your doctor:

- if you are pregnant or plan to become pregnant. Buprenorphine may not be right for you. It is not known whether buprenorphine could harm your baby.
- if you are breast feeding, buprenorphine will pass through your milk and may harm your baby.
- Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. They may cause serious side effects when taken with buprenorphine. Sometimes, the doses of certain medicines and buprenorphine need to be reduced if used together.
- Do not take any other medicine, herbal, or over-the-counter medicine while using buprenorphine unless your doctor has told you it is okay.

How should I take Buprenorphine?

- Follow your doctor’s directions exactly. Your doctor may change your dose after seeing how the medicine affects you. Do not change your dose unless your doctor tells you to change it. Do not take buprenorphine more often than prescribed.
- Put the tablets or film under your tongue or against the cheek as directed and let them melt. This will take 2 to 10 minutes.
Do not chew or swallow the tablets. The medicine will not work this way and you may get withdrawal symptoms.
- If your doctor tells you to take more than 1 tablet/film, you will be told to:
- take all tablet/films at the same time together under your tongue, or
- take 2 tablet/films, put them under your tongue. After they melt, put the next tablet/film under your tongue right away
- hold the tablet/film under your tongue until they melt completely. The medicine will not work if swallowed and you may get



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withdrawal symptoms.

- Do not change the way you are told to take your medicine or you may get too little or too much medicine.
- Do not inject ("shoot-up") buprenorphine. Shooting-up is dangerous and you may get bad withdrawal symptoms.
- Buprenorphine can cause withdrawal symptoms if you take them too soon after using opiate drugs like morphine, oxycodone, hydrocodone or methadone.
- If you miss a dose of buprenorphine, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once unless your doctor tells you to.
- Before discontinuing buprenorphine, ask your doctor how to avoid withdrawal symptoms.
- If you take too much buprenorphine or overdose, call your local emergency room or poison control center ASAP.
- If you discontinue taking buprenorphine, flush the unused tablets or strip down the toilet.

What Should I Avoid While Taking Buprenorphine?

- Do not drive, operate heavy machinery, or perform other dangerous activities until you know how this medicine affects you.
- Do not drink alcohol or take tranquilizers or sedatives (medicines that help you sleep) while using buprenorphine. You can die when you use these products with buprenorphine..
- Do not take other medicines without talking to your doctor. Other medicines include prescription and non-prescription medicines, vitamins, and herbal supplements. Be especially careful about medicines that may make you sleepy.

What are the Possible Side Effects of Buprenorphine?

Some of the common side effects of buprenorphine are headache, drowsiness, problems sleeping, nausea, sweating, stomach pain, and constipation. These are not all the possible side effects of buprenorphine.

Call your doctor or get medical help right away if:

- You feel faint, dizzy, confused, or have any other unusual symptoms.
- Your breathing gets much slower than is normal for you. These can be signs of an overdose or serious problem.
- Buprenorphine can cause your blood pressure to drop, causing dizziness if you get up too fast from sitting or lying down.
- Buprenorphine can cause allergic reactions that can make it hard for you to breathe. Other symptoms of a bad allergic reaction include hives, swelling of your face, asthma (wheezing) or shock (loss of blood pressure and consciousness).

Call a doctor or get emergency help right away if you get any of these symptoms.

Buprenorphine may cause liver problems. Call your doctor right away if:

- Your skin or the white part of your eyes turns yellow (jaundice). • Your urine turns dark. • Your bowel movements (stools) turn light in color. • You don't feel like eating much food for several days or longer. • You feel sick to your stomach (nausea).
- You have lower stomach pain.
Your doctor will do blood tests while you are taking buprenorphine to make sure your liver is okay.
- You may get withdrawal symptoms when you start treatment with buprenorphine. To avoid this, be sure other opiates are out of your system before starting buprenorphine.
- Like with all opiates, you can develop dependence from taking buprenorphine, so you may get withdrawal symptoms when you stop taking buprenorphine. There is also a chance that you may abuse or get addicted to buprenorphine.

For more information call 1-877- SUBOXONE

(1-877-782-6966), or visit the web site, www.suboxone.com.



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SUBOXONE ingredients:

Active Ingredients: buprenorphine hydrochloride and naloxone hydrochloride dihydrate

Inactive Ingredients: lactose, mannitol, cornstarch, povidone K30, citric acid, sodium citrate, FD&C Yellow No.6 color, magnesium stearate, and for flavoring, Acesulfame K sweetener and a lemon-lime flavor

SUBUTEX ingredients:

Active Ingredients: buprenorphine hydrochloride

Inactive Ingredients: lactose, mannitol, cornstarch, povidone K30, citric acid, sodium citrate and magnesium stearate.

__ I understand that buprenorphine is being prescribed "off-label" for pain and I acknowledge receipt of this handout informing me of the use of buprenorphine for pain and general precautions related to its use.

<<Patients::PatientName>>'s signature: _____ ##ShortDate##

__ <<Patients::PatientName>> acknowledges understanding of this agreement and any questions have been answered

Witness signature: _____ ##ShortDate##

Witness name printed: _____