

<b>GENERIC</b>	buprenorphine (BUE pre NOR feen) + naloxone (nal OX one)	<b>BRAND</b>	Suboxone, Zubsolv	<b>CLASSIFICATION</b>	Narcotic Analgesic Combination
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<b>FORM &amp; STRENGTH</b>	SL FILM: 2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, 12 mg/3mg   SL TABS: 2 mg/0.5 mg, 8 mg/2 mg
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## INDICATIONS & DOSING | ADULTS & PEDIATRICS (16 YEARS OF AGE AND OLDER)

### 1). OPIOID DEPENDENCE (SHORT-ACTING | INDUCTION TX)

- Individualized dosing SL qd x2 days
- Start when moderate w/d sx present AND >6h after last opioid use
- DO NOT crush/chew/swallow whole

#### DAY 1

- Initiate @ 2 mg/0.5 mg - 4 mg/1 mg SL x1 dose
- Can increase by 2 mg/0.5 mg - 4 mg/1 mg q2h on day 1
- Max of 8 mg/2 mg on day 1

#### DAY 2

- Can give up to 16 mg/4 mg on day 2

### 2). OPIOID DEPENDENCE (MAINTENANCE TX)

- Dose range b/t 4 mg/1 mg - 24 mg/6 mg SL qd
- Initiate @ 12 mg/3 mg - 16 mg/4 mg SL qd
- OR dose @ the dose used on last day of INDUCTION TX
- Adjust by 2 mg/0.5 mg - 4 mg/1 mg per day
- Max of 24 mg/6 mg per day
- DO NOT crush/chew/swallow whole

**\*\* Restricted US Distribution | 866-287-2728 or [samhsa.gov/medication-assisted-treatment](https://www.samhsa.gov/medication-assisted-treatment) for INFO \*\***

## MOA & PHARMACOKINETICS

### BUPRENORPHINE

#### MECHANISM OF ACTION:

Binds to opioid receptors. Partial agonism at the mu receptor w/ partial agonism at delta receptors. Antagonist at kappa receptors.

#### ABSORPTION:

When used transdermally ~15% is bioavailable and present in the plasma for about 17 hours after ~10mcg/hr dose. For SL strips ~46-65% bioavailable and reaches a steady state prior to the sixth dose. Highly variable. Duration is b/t 2-24 hours based on dosage form.

#### DISTRIBUTION:

Rapid distribution. Distributes into the CSF and present during pregnancy and crosses the placenta in pregnant women. Approximately 96% protein bound.

#### METABOLISM:

Hepatically metabolized via CYP3A4 then UGT 1A1, 2B7, and 1A3.

#### ELIMINATION:

69% excreted fecally w/ ~30% in urine. T1/2 b/t 24-42 hours and based on dosage form.

### NALOXONE

#### MECHANISM OF ACTION:

Opioid antagonist to various opioid receptors. Speculated to act competitively at mu, kappa, and delta receptors.

#### ABSORPTION:

Rapidly inactivated after administration. Onset is b/t 1-5 minutes depending on dosage form and route. IM has a longer duration than IV.

#### DISTRIBUTION:

Rapid distribution into tissues and fluids. Crosses placenta. Weakly protein bounding.

#### METABOLISM:

Hepatic conjugation in liver.

#### ELIMINATION:

Variable w/ ~50% in urine in 6 hours. T1/2 b/t 0.5-2.1 hours in adults.

## SPECIAL POPULATIONS & CONSIDERATIONS

Avoid use in pts w/ renal impairment. Avoid abrupt w/d. Caution in elderly and debilitated pts, in pulmonary impairment, sleep apnea, CNS depression, concurrent CNS depressant use, alcohol use, CHF, recent MI, bradycardia, QT prolongation, prostatic hypertrophy, and pts trying to conceive. Consider alternatives during pregnancy or buprenorphine monotherapy over combination product. No known risk during breastfeeding but there is conflicting data.

## SIDE EFFECTS | COMMON

Vomiting, rigors, vasodilation, headache, insomnia, pain, w/d sx, asthenia, nausea, diarrhea, constipation, diaphoresis, anxiety, dizziness, vertigo.

## SIDE EFFECTS | SERIOUS

Resp. depression/arrest, central sleep apnea, hepatotoxicity, hypotension, dental disorders/infection, dependency, abuse, adrenal insufficiency, w/d if abrupt d/c.

## DRUG INTERACTIONS | CONSIDERATIONS

CYP3A4 substrate	urinary retention
CNS depression	serotonergic effects
hyponatremia	prolongs QT interval
antidiuretic hormone effects	potentiates neuromuscular blockade
delays gastric emptying	partial opioid agonist
hypotensive effects	lowers seizure threshold

## DRUG INTERACTIONS | DRUGS OF NOTE

<b>CONTRAINDICATED:</b>	<b>AVOID:</b>	<b>MONITOR:</b>	<b>CAUTION:</b>
naltrexone	amphetamine	bumetanide	loperamide
pimozide	clozapine	captopril	lacosamide
thioridazine	cyclobenzaprine	doxazosin	tropium
samidorphan	ketoconazole	dronabinol	tolterodine
safinamide	levofloxacin	furosemide	pyridostigmine
	ziprasidone	propranolol	lacosamide

## MONITORING PARAMETERS

LFTs at baseline and periodically. S/sx of over-dosing or under-dosing. Abuse/misuse/addiction. CNS and Respiratory depression. S/sx of withdrawal.

## PATIENT COUNSELING

Used to treat opioid dependence and opioid addiction. Helps prevent w/d symptoms from stopping other opioids.	Misuse can cause addiction, overdose or death. Should not be taken with drugs and substances that can cause drowsiness or slowed breathing.	Due to risk of accidental exposure and misuse the medication should be kept out of the sight and reach of children.	Unused drugs should be disposed properly. Disposal by flushing of medication is the proper disposal outlined by the FDA.	If there are any concerns of overdose patients and caregivers should be educated on the use of Narcan (naloxone) for emergencies.
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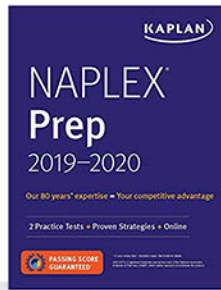
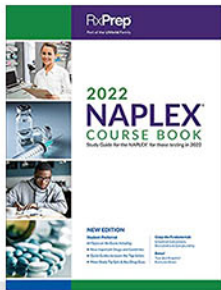
## REFERENCES

- 1). <https://online.epocrates.com/drugs/331410/buprenorphine-naloxone/Monograph>
- 2). <https://www.drugs.com/monograph/buprenorphine.html>
- 3). <https://www.drugs.com/monograph/naloxone.html>
- 4). <https://www.drugs.com/mtm/buprenorphine-and-naloxone-oral-sublingual.html>
- 5). <https://www.drugs.com/pro/buprenorphine-and-naloxone-sublingual-film.html>
- 6). <https://www.webmd.com/drugs/2/drug-64740-1356/buprenorphine-naloxone-sublingual/buprenorphine-naloxone-film-sublingual/details>

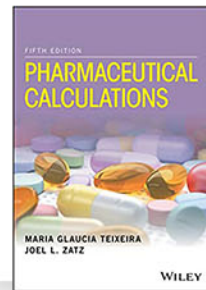
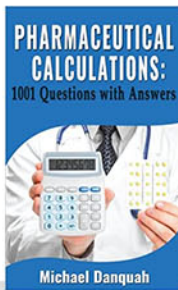
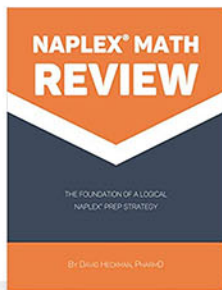
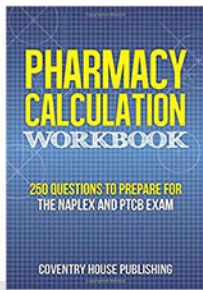


# PREPARE FOR SUCCESS!

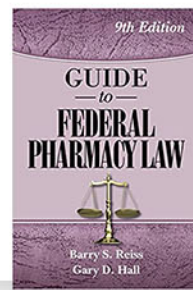
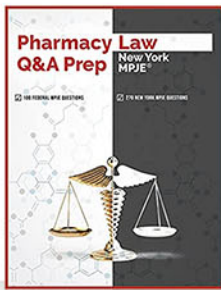
## Comprehensive (NAPLEX)



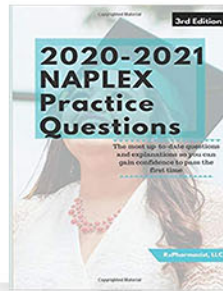
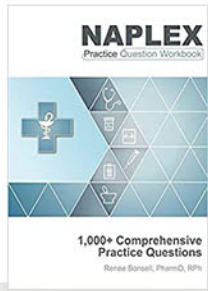
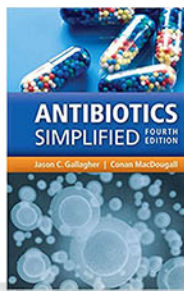
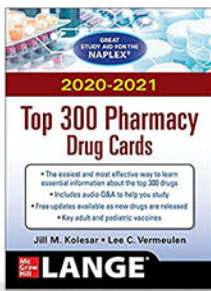
## Calculations (NAPLEX)



## Pharmacy Law (MPJE)



## Supplemental



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So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

## HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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