SUBOXONE® (BUPRENORPHINE/NALOXONE) – IMPORTANT PRACTICE NOTES FOR PHARMACISTS

1. Who can prescribe Suboxone® (buprenorphine/naloxone)?

   Health Canada grants federal exemptions to physicians for methadone prescribing, with provincial supervision performed by the College of Physicians & Surgeons. Conversely, the criteria and requirements necessary to obtain an exemption to prescribe Suboxone is determined by the provincial medical colleges. In Manitoba, it is necessary for the physician to hold a methadone exemption, take a 6 hour on-line Suboxone course, and apply to the College of Physicians & Surgeons of Manitoba. The College of Physicians & Surgeons of Manitoba keeps an updated list of physicians who can prescribe methadone and Suboxone. It is the responsibility of the dispensing pharmacist to verify that the prescribing physician has the appropriate exemption. This information can be confirmed by calling the College of Pharmacists Office at (204)233-1411.

2. How is buprenorphine/naloxone different from methadone?

   Buprenorphine/naloxone comes in the form of a sublingual tablet. Witnessing of doses is necessary, just like methadone, as per the contract between patient, clinic and pharmacy. It may take 2 to 3 minutes for the tablet to dissolve.

   The pharmacological properties of buprenorphine can cause precipitated withdrawal syndrome if administered to an individual who has taken a sufficient dose of a full agonist opioid and is physically dependent on opioids. Therefore the correct timing and dosage of buprenorphine/naloxone according to the patient's last dose of opioid is important.

   The purpose of including naloxone with buprenorphine is to prevent inappropriate IV usage. Rapid binding of naloxone to the mu-opioid receptor precipitates a rapid opioid-withdrawal syndrome when injected. Pharmacists should caution patients on this effect.

   Buprenorphine is longer acting than methadone and therefore some patients may be able to take it three times a week rather than daily. Buprenorphine has a "ceiling" effect, so doses over 24 mg are unlikely to be beneficial. Most patients report fewer side effects on buprenorphine/naloxone (less sedation, less constipation, more normal sexual function) and the risk of death from over-sedation is less than with Methadone.

   Fatalities due to respiratory depression have occurred when buprenorphine was used in combination with CNS depressants such as benzodiazepines, alcohol, or other opioids. The pharmacist must always assess the patient with respect to other drug and medication use prior to providing buprenorphine/naloxone.

3. Contact with the Prescribing Practitioner

   Pharmacies must contact the patient's primary healthcare provider/prescriber if major behavioral difficulties are observed (sedation, missing repeated doses) and dosages missed. If a patient misses more than 5 doses, the prescription must be cancelled and the patient must contact the clinic staff in order to resume buprenorphine/naloxone.

4. Education

   Pharmacists must be knowledgeable in all pertinent aspects of buprenorphine/naloxone use when involved in Suboxone® dispensing in order to prevent errors and close calls. Education is available for pharmacists working with patients on Suboxone®. A free six hour professional development program covering the treatment of opiate dependent patients is available online at www.suboxonecme.ca. All pharmacists who have patients at their pharmacy on Suboxone® should complete this program. The College also offers a *Principles for the Provision of Opioid Dependence Treatment by Manitoba Pharmacists* Certificate Program. Many other opioid dependence treatment training programs are available in Canada. Pharmacists are encouraged to contact Kim McIntosh, Assistant Registrar at the College office (204)233-1411 ext 230, to discuss further resources.

ADDICTIONS FOUNDATION OF MANITOBA

COLLEGE OF PHARMACISTS OF MANITOBA