

Safety Precautions:

- * Do not take other medications without first consulting your doctor.
- * Do not use illegal drugs, drink alcohol, or take sedatives, tranquilizers, or other drugs that slow breathing. Mixing other medications with buprenorphine can lead to overdose or death.
- * Ensure that a physician monitors any liver-related health issues that you have.
- * Tell your doctor if you are pregnant or plan to become pregnant.
- * Prevent children and pets from accidental ingestion by storing it out of reach.
- * Dispose of unused medications safely. Talk to your MAT practitioner for guidance, or for more information on the safe disposal of unused medications, visit FDA's disposal of unused medicines or DEA's drug disposal webpages
- * Do not shared your buprenorphine with anyone even if they have similar symptoms or suffer from the same condition.
- * **Buprenorphine Misuse Potential:**

Because of buprenorphine's opioid effects, it can be misused, particularly by people who do not have an opioid dependency. Naloxone is added to buprenorphine to decrease the likelihood of diversion and misuse of the combination drug product.

MOUD PROVIDERS

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ORGANIZATION

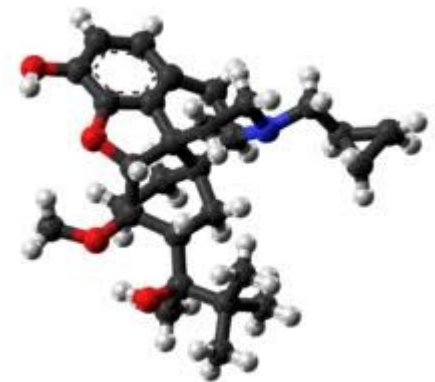
ADDRESS

ADD'TL ADDRESS INFO

NAME OF ORGANIZATION

Promoting the health, safety, dignity and self-sufficiency of individuals, families and communities.

BUPRENORPHINE INFORMATION



May also be called:

- Suboxone
- Subutex
- Buprenorphine/Naloxone
- Zubsolv
- may be a strip, sublingual tab, or injection

HOW BUPRENORPHINE WORKS

Buprenorphine is an opioid partial agonist. It produces effects such as euphoria or respiratory depression at low to moderate doses. With buprenorphine, however, these effects are weaker than full opioid agonists such as methadone and heroin.

When taken as prescribed, buprenorphine is safe and effective. Buprenorphine has unique pharmacological properties that help:

- Decrease the effects of physical dependency to opioids, such as withdrawal symptoms and cravings
- Increase safety in cases of overdose
- Lower the potential for misuse

BUPRENORPHINE FOR OPIOID USE DISORDER

To begin treatment, an OUD patient must abstain from using opioids for at least 12 to 24 hours (longer with some opioids) and be in the early stages of opioid withdrawal. **Patients with opioids in their bloodstream or who are not in the early stages of withdrawal, may experience acute (and possibly life threatening) withdrawal.**

After a patient has discontinued or greatly reduced their opioid use, no longer has cravings, and is experiencing few, if any, side effects, if needed, the dose of buprenorphine may be adjusted. Due to the long-acting agent of buprenorphine, once patients are stabilized, it may be possible to switch from every day to alternate-day dosing.

The length of time a patient receives buprenorphine is tailored to meet the needs of each patient, and in some cases, treatment can be indefinite. To prevent possible relapse, individuals can engage in on-going treatment—with or without MAT.

SIDE EFFECTS:

Common side effects may include:

- ⇒ Constipation, headache, nausea, and vomiting
- ⇒ Dizziness
- ⇒ Drowsiness and fatigue
- ⇒ Sweating
- ⇒ Dry mouth
- ⇒ Tooth decay
- ⇒ Muscle aches and cramps
- ⇒ Inability to sleep
- ⇒ Fever
- ⇒ Blurred vision or dilated pupils
- ⇒ Tremors
- ⇒ Palpitations
- ⇒ Disturbance in attention

Serious side effects may include:

- ◇ Respiratory distress
- ◇ Overdose
- ◇ Adrenal insufficiency
- ◇ Dependence
- ◇ Withdrawal
- ◇ Neonatal abstinence syndrome (in newborns)