

### **Buprenorphine/Naloxone Dispensing Facts**

- Buprenorphine/naloxone is a CIII scheduled medication, when prescribed for the treatment of opioid use disorder.
- In Maryland, prescriptions can be called into the pharmacy, faxed, e-prescribed, or written as a hard copy.
- Please make every attempt to routinely stock buprenorphine/naloxone.
- Patients who miss doses of buprenorphine/naloxone are at risk for experiencing withdrawal symptoms and, consequently, relapsing and/or overdosing.
- **Make every effort to have adequate inventory to prevent patients from missing doses and, if there is a problem with the prescription, communicate with prescribers immediately to prevent withdrawal!**
- **Offer naloxone to every patient with a history of opioid use disorder to prevent overdose morbidity/mortality!**

**Buprenorphine/Naloxone Summary Chart**

<b>Name</b>	<b>Daily Dose Range (Buprenorphine)</b>	<b>Equivalent Dose (Buprenorphine)</b>	<b>Available Strengths</b>
<b>Subutex®, Generic</b> (Buprenorphine) Sublingual Tab	4 mg – 24 mg	16 mg/d	2 mg 8 mg
<b>Generic</b> (Buprenorphine/naloxone) Sublingual Tab	4 mg – 24 mg	16 mg/d	2 mg / 0.5 mg 8 mg / 2 mg
<b>Generic</b> (Buprenorphine/naloxone) Sublingual Film	4 mg – 24 mg	16 mg/d	2 mg / 0.5 mg 4 mg / 1 mg 8 mg / 2 mg 12 mg / 3 mg
<b>Suboxone®</b> (Buprenorphine/naloxone) Sublingual Film	4 mg – 24 mg	16 mg/d	2 mg / 0.5 mg 4 mg / 1 mg 8 mg / 2 mg 12 mg / 3 mg
<b>Zubsolv®</b> (Buprenorphine/naloxone) Sublingual Film	2.9 mg – 17.2 mg	11.4 mg/d	0.7 mg / 0.18 mg 1.4 mg / 0.36 mg 2.9 mg / 0.71 mg 5.7 mg / 1.4 mg 8.6 mg / 2.1 mg 11.4 mg / 2.9 mg
<b>Bunavail®</b> (Buprenorphine/naloxone) Buccal film	2.1 mg – 12.6 mg	8.4 mg/d	2.1 mg / 0.3 mg 4.2 mg / 0.7 mg 6.3 mg / 1 mg

For additional pharmacist/technician information on opioid overdose, naloxone and other harm reduction strategies, Maryland law, and medication assisted treatment see the HOPE PharmAssist Youtube channel at <https://tinyurl.com/hopepharmassist>

### **Naltrexone Dispensing Facts**

- Naltrexone and naloxone are opioid antagonists. However, they are not interchangeable for treatment. The pharmacokinetics and formulations available are different. Naltrexone is used to prevent relapse in patients diagnosed with alcohol use disorder (AUD) and opioid use disorder (OUD). Naloxone has is used to manage opioid overdoses (antidote for an overdose).
- Naltrexone is available in oral (PO) and long acting injectable (LAI) formulation.
- PO and LAI Naltrexone are efficacious and prescribed for alcohol use disorder. LAI Naltrexone (not PO) is usually prescribed for opioid use disorder.
- Naltrexone LAI must be administered by a healthcare professional. In some states, pharmacists administer LAI in the community pharmacy.
- Naltrexone can only be started in patients who are **not** opioid dependent. Therefore, the provider must wait at least 7 days after last opioid use before administering naltrexone to a patient who has been recently taking or abusing opioids routinely. If naltrexone is started in a patient who is currently opioid dependent, severe, precipitated opioid withdrawal requiring hospitalization can occur.
- **Offer naloxone to every patient with a history of opioid use disorder to prevent overdose morbidity/mortality!**

### **Naltrexone Summary Chart**

<b>Name</b>	<b>Formulation</b>	<b>Available Strengths</b>	<b>Dose</b>
<b>Generic</b> (Naltrexone)	Tablet	50 mg	50 mg/d (AUD only)
<b>Vivitrol®</b> (Naltrexone)	Long Acting Injection	380 mg	380 mg/month (OUD or AUD)

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