

BUPRENORPHINE + NALOXONE (*Bunavail, Suboxone, Zubsolv*) **Treatment of opioid dependence:** **Induction** (Suboxone film): day 1, start with 2 mg/0.5 mg or 4 mg/1 mg SL or buccally and titrate upward in increments of 2 or 4 mg of buprenorphine at approximately 2 h intervals to maximum of 8 mg/2 mg total dose. On day 2, a dose of up to 16 mg/4 mg is recommended. **Maintenance** (SL tabs and film): target dose 16 mg/4 mg SL (tab or film) or buccally (film) daily. Can individualize to range of 4 to 24 mg of buprenorphine daily. **Induction** (Zubsolv): day 1, start with 1.4 mg/0.36 mg SL and titrate upward in increments of 1 or 2 of these tablets q 1.5 to 2 h to a maximum of 5.7 mg/1.4 mg total dose. Some patients may tolerate three tablets as the 2nd dose depending upon recent narcotic exposure. Day 2, a single daily dose of 11.4 mg/2.9 mg is recommended. **Maintenance** (Zubsolv): 11.4 mg/2.8 mg SL daily. Can individualize to range of 2.8/0.72 to 17.1/4.2 mg SL daily. **Induction** (Bunavail): day 1, start with 2.1/0.3 mg buccally and repeat at 2 h for total dose of 4.2/0.7 mg. Day 2, give single 8.4/1.4 mg dose. **Maintenance** (Bunavail): day 3 onward, adjust dose in increments of 2.1/0.3 mg to a level that suppresses withdrawal symptoms to target dose of 8.4/1.4 mg. Doses higher than 12.6/2.1 mg have not shown clinical advantages. Use sublingual buprenorphine monotherapy (without naloxone) for induction in patients dependent on methadone or other long-acting opioids. The use of buprenorphine with CNS depressants (benzodiazepines, alcohol, etc) has been associated with life-threatening respiratory depression and death. Avoid concomitant use. Counsel patients. [Generic only: SL tabs 2/0.5 mg and 8/2 mg buprenorphine/naloxone. Generic/Trade: SL/buccal film 2/0.5, 4/1, 8/2, 12/3 mg Trade only: buprenorphine/naloxone, SL tabs (Zubsolv, buprenorphine/naloxone) 0.7/0.18, 1.4/0.36, 2.9/0.71, 5.7/1.4, 8.6/2.1, 11.4/2.9 mg. Buccal film (Bunavail, buprenorphine/naloxone): 2.1/0.3, 4.2/0.7, 6.3/1 mg.] ▶L ♀?/?/? Risk of neonatal opioid withdrawal syndrome if used during pregnancy. ▶—©III \$\$\$\$

BUPRENORPHINE (*Subutex, Probuphine*) **Treatment of opioid dependence - induction** (Subutex): 8 mg SL on day 1, and 16 mg on day 2. Maintenance dose 16 mg daily, but may individualize in a range of 4 to 24 mg daily. **Maintenance treatment of opioid dependence:** (Probuphine): use only if stable on 8 mg/day or less of a transmucosal form. Four implants in the inner aspect of one arm and left in place for 6 months and then removed. May repeat at 6 months in the other arm one time only. Must undergo special training and be registered to prescribe for this indication. Use of buprenorphine with CNS depressants (benzodiazepines, alcohol, etc) has been associated with life-threatening respiratory depression and death. Avoid combinations and counsel patients. [Generic/Trade: SL tabs 2 and 8 mg. Trade only: Implants (Probuphine): 74.2 mg (= 80 mg buprenorphine HCl)] ▶L ♀?/?/? Neonatal opioid withdrawal syndrome in newborns. May need to adjust dose during pregnancy to avoid withdrawal symptoms. ▶? Appears in low levels in breast milk. Observe infant closely. ©III ■

DISULFIRAM (*Antabuse*) **Maintenance of abstinence from alcohol:** start 500 mg/day PO for 1 to 2 weeks. May then adjust for maintenance from 125 to 500 mg/day (average 250 mg). Patient must abstain from any alcohol for at least 12 h before using. Metronidazole and alcohol in any form (cough syrups, tonics, etc.) contraindicated. [Generic/Trade: tabs 250, 500 mg.] ▶L ♀?/?/? ▶? \$\$\$ ■