

Starting Buprenorphine/Naloxone in the Hospital

For opioid use disorder

This handout explains what to expect when you start taking buprenorphine/naloxone (Suboxone) for opioid use disorder.

Congratulations on starting this treatment! Buprenorphine/naloxone has helped many people with opioid use disorder. This medicine does **not** just replace one opioid addiction with another.

What is buprenorphine/naloxone?

Buprenorphine/naloxone is a combination of 2 medicines. It comes in 2 forms: tablets and film. It helps treat opioid addiction by:

- Preventing withdrawal symptoms
- Reducing your craving for opioids

How do I take it?

The medicine is *sublingual*, which means “applied under the tongue.” For the medicine to work correctly, you **must** dissolve (“melt”) the tablets or film under your tongue. **When you take it as directed, it will not cause withdrawal symptoms.**

To take the medicine:

- Sit or stand. Do **not** lie down.
- Place the film or tablet under your tongue, close to the base, either to the left or right of the center.

It may take up to 10 to 20 minutes to dissolve. Until it fully dissolves:

- Try not to swallow.
- Do **not** eat or drink anything.



*The tablets or film **must** dissolve under your tongue.*

IMPORTANT: Do **not** chew, swallow, or inject the tablet or film. The naloxone will block the effects of the buprenorphine, and you could go into withdrawal.

What should I expect after I take the medicine?

You may feel nothing, or you may begin to feel better within 30 minutes. If you feel worse, it may mean you started taking it too soon. You can expect to feel better as you take more doses over the first 1 to 2 days. Your provider may change your dose after seeing how it affects you.

Are there any side effects?

Common side effects include stomach pain, nausea, problems sleeping, constipation, dizziness, and problems with coordination.

When can I start treatment?

We will ask you to stop taking any opioids for some hours before your first dose of buprenorphine/naloxone. If you start too early, while you still have opioid in your system, the medicine can make you feel worse.

You will be ready for your first dose when you are in the first stages of withdrawal. Early signs of opioid withdrawal include:

- Runny nose or teary eyes
- Heart racing, anxiety, and restlessness (cannot sit still)
- Fever, sweats, or chills
- Stomach cramps
- Muscle and bone aches
- Lots of yawning, but trouble falling asleep and staying asleep
- Opioid cravings

What can I do while I am waiting to start?

Stay busy. Distract yourself. Write down why you want this treatment – your reasons may include your own health and well-being or your family's welfare. Work with a counselor and non-drug pain treatments.

What happens when I leave the hospital?

- Your care team will arrange a clinic visit soon after you leave the hospital.
- While you are taking buprenorphine/naloxone, do **not** drink alcohol, use benzodiazepines (Xanax, Valium, Ativan, Klonopin, and others), or take other drugs that make you sleepy. Dangerous side effects or death can occur if you combine these with your medicine.
- Remember **not** to chew, swallow, or inject buprenorphine/naloxone. It must be allowed to dissolve under your tongue.
- If you miss a dose, take your medicine when you remember. If it is almost time for your next dose, skip the missed dose and take the next dose at your regular time. Do **not** take 2 doses at the same time unless your provider tells you to. If you are not sure what to do, call your provider.

Questions?

Your questions are important. Call your doctor or healthcare provider who prescribes your medicine if you have questions.

Please call **206.520.5000** if you have questions or concerns about your treatment.