



ADULT Medication Monograph

BUPRENORPHINE



This document should be read in conjunction with this [DISCLAIMER](#)

 **HIGH RISK Medication**

Class	Opioid
Presentation	Sublingual Tablet: 200microg Patch: 5microg/hr, 10microg/hr, 20microg/hr Ampoule: 300microg/mL
	Products for opioids dependence: Sublingual Tablet: 2mg, 8mg <i>Combination with naloxone not routinely kept at KEMH – contact pharmacy if supply required.</i>
Storage	Store at room temperature, below 25°C
	Schedule 8 Medication
Dose	<u>Moderate-to-severe pain</u> Sublingual: 200 - 400microg every 6 to 8 hours Patch: 5microg/hr patch in opioid naive people. Titrate dose to effect by adding another patch or changing to a higher strength patch. Do not increase dose at intervals of < 3 days. Do not apply > 2 patches concurrently. Maximum dose 2x20microg/hr patches. Each patch is to be changed every 7 days IM/IV: 300 - 600microg every 6 to 8 hours
	<u>Opioid Dependence</u> Refer to KEMH Pharmaceutical and Medicines Management Guideline: Community Programme for Opioid Pharmacotherapy (CPOP) Management in Hospital

Administration	<p><u>Sublingual (analgesia)</u></p> <p>Place tablet under the tongue and keep in place until dissolved. Do not chew or swallow the tablet.</p> <p><u>Sublingual (opioid dependence)</u></p> <p>Refer to KEMH Pharmaceutical and Medicines Management Guideline: Community Programme for Opioid Pharmacotherapy (CPOP) Management in Hospital</p> <p><u>Patch</u></p> <p>Apply to dry, non-irritated, hairless skin on upper torso. Remove after 7 days and put a new patch on a different area (avoid re-using the same area for at least 3 weeks)</p> <ul style="list-style-type: none"> • Heat increases the release of buprenorphine from patch; avoid exposure to external heat sources (including electric blankets, heat pads, heat lamps, saunas, hot baths) <p>Do not cut or divide patches as this may affect drug release characteristics</p> <p><u>IV injection</u></p> <p>Inject undiluted over at least 2 minutes</p> <p><u>IM injection</u></p> <p>Suitable</p>
Pregnancy	<p>1st Trimester: Considered safe to use</p> <p>2nd Trimester: Considered safe to use</p> <p>3rd Trimester: Considered safe to use</p>
Breastfeeding	<p>Considered safe to use</p>
Monitoring	<p>Tolerance and dependence, withdrawal effects, sedation and respiratory depression</p>
Clinical Guidelines and Policies	<p>KEMH Pharmaceutical & Medicines Management Guidelines:</p> <p>Community Programme for Opioid Pharmacotherapy (CPOP): Management in Hospital</p> <p>Restricted Schedule 4 (S4R) and Schedule 8 (S8) Medications</p> <p>KEMH Clinical Guidelines: O&G</p> <p>WANDAS</p>

	<p>KEMH Clinical Guidelines: Neonatal</p> <p>Maternal Medication/Substance Use</p> <p>Neonatal Abstinence Syndrome (NAS)</p> <p>WA Health:</p> <p>OD0598/15: Management of Community Program for Opioid Pharmacotherapy (CPOP) patients in a hospital setting</p>
References	<p>Australian Medicines Handbook. Buprenorphine. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2017 [cited 2018 Nov 01]. Available from: https://amhonline.amh.net.au/</p> <p>Society of Hospital Pharmacists of Australia. Buprenorphine. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2017 [cited 2018 Nov 01]. Available from: http://aidh.hcn.com.au</p> <p>The Royal Women's Hospital. Buprenorphine. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2016 [cited 2018 Nov 01]. Available from: https://thewomenspbmg.org.au/</p>

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Standards Applicable:	NSQHS Standards: 1  Governance, 4  Medication Safety		
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