

Buprenorphine

Sublingual tablets • opioid use disorder

Less withdrawal and craving can leave more room for everyday life. Your treatment plan should work for you.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

FOLLOW YOUR STARTING PLAN

KEEP OVERDOSE RESCUE MEDICINE NEARBY

Buprenorphine partly activates opioid receptors and holds onto them strongly. Other opioids can still cause overdose.

What it is used for

Treats opioid use disorder by reducing withdrawal and craving. Taking it as prescribed is treatment, not a failure of recovery.

These instructions focus on tablets dissolved under the tongue. Films and injections have their own directions; do not swap products or doses yourself.

How it works

Helps keep opioid receptors steadily occupied, easing the cycle of withdrawal and craving.

It can suddenly worsen withdrawal if started too soon after another opioid. Your first-dose timing needs an individual plan.

What to expect over time

BEFORE STARTING

Tell your team which opioids you used and when, including fentanyl or methadone.

FIRST DOSES

Follow the agreed plan. Call if withdrawal suddenly becomes much worse; do not improvise extra doses.

ONGOING

The useful dose controls symptoms without unsafe sleepiness. Treatment can continue long term.

Taking your medication

Take exactly as directed. Place whole tablets under your tongue and let them dissolve. Do not cut, chew or swallow them.

Do not eat or drink until completely dissolved. Then gently rinse your teeth and gums with water and swallow it.

Wait at least one hour before brushing your teeth. Keep regular dental visits and tell your dentist you take this medicine.

When to get help

Call 911: slow or stopped breathing, blue/gray lips, inability to wake up, or swelling of the face or throat.

Suspected overdose: give rescue naloxone if available, repeat as directed and stay with the person. Follow the dispatcher's breathing-support instructions.

Call promptly: severe worsening withdrawal, yellow skin/eyes, dark urine, persistent vomiting, or severe weakness and dizziness.

Early side effects

Constipation, nausea, sweating, headache, dizziness or sleepiness can occur. Tell your team what is bothering you. Do not drive or use dangerous equipment while impaired.

Other effects to discuss

Mouth-dissolving buprenorphine can damage teeth, even if you have never had cavities. Rinsing, waiting before brushing and dental care help. Do not stop an effective treatment on your own because of this risk.

What to keep track of

Early check-ins help adjust the dose and solve access problems. Your team may check liver blood tests and use drug testing to guide care. Report craving, withdrawal between doses, constipation and unwanted sleepiness honestly.

Before you start

Discuss breathing problems, sleep apnea, liver disease, all medicines and recent substance use. Tell your team about pregnancy or breastfeeding; do not stop suddenly. A breastfeeding baby who is unusually sleepy or has breathing trouble needs urgent care.

Medicines & interactions

Alcohol and sedating medicines

Alcohol, benzodiazepines, sleep medicines and other opioids can dangerously slow breathing. Have one coordinated plan; do not abruptly stop a prescribed benzodiazepine yourself.

New or stopped medicines

Some antibiotics, antifungals, seizure medicines and other drugs change buprenorphine levels. Check prescriptions, nonprescription products and supplements with your pharmacist.

Pain care and surgery

Tell every treating clinician you take buprenorphine. Pain can be treated, but the team needs a coordinated plan. Do not stop it before a procedure on your own.

Everyday tips

Keep overdose-rescue medication accessible and teach someone close to you how to use it.

Store buprenorphine locked away from children, visitors and pets. Even a small amount can be fatal to a child.

For constipation, ask about a bowel plan. Fluids, movement and appropriate medicines may help; severe belly pain or vomiting needs assessment.

Tell your team about missed visits, cost or trouble getting medication. Ask for help before the supply runs out.

Your questions, answered

What if I miss a dose?

Follow your prescription instructions. Never double. If several days have passed or you used other opioids, contact your team before restarting.

How long do I need it?

There is no fixed deadline. Continue while it helps. If you want to stop, plan a gradual taper and support; returning to opioids after stopping raises overdose risk.

What if I use opioids again?

Contact your team. It means the plan needs attention, not that you should give up. Buprenorphine does not make extra opioids safe.

Can I change to an injection?

Ask your team. Long-acting options exist, but the starting requirements and doses differ. They are not a direct do-it-yourself replacement.

Storage & safety

Never share. Keep in the original container and follow its storage directions. Use a take-back service for unused medicine. For accidental ingestion or too much medicine, call Poison Control at 1-800-222-1222; call 911 for breathing trouble, collapse or inability to wake up.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=966adb01-71b4-4e0b-bbc6-b83da9987aa2>
 2. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-dental-problems-buprenorphine-medicines-dissolved-mouth-treat-opioid-use-disorder>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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