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Buprenorphine tablets for addiction treatment (Espranor, Prefibin, Subutex)

Buprenorphine is a substitute for street drugs like heroin which cause addiction and dependence.

Sublingual buprenorphine is a tablet which you put under your tongue. It will take about 5 minutes for it to dissolve. It is usually prescribed as a once-daily dose.

It is important for you to continue to take buprenorphine regularly to reduce the risk of withdrawal symptoms occurring.

You are more likely to succeed in staying off heroin if you have support. Ask about the counselling and help available in your area.

About buprenorphine for the treatment of addiction

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| Type of medicine | Opioid substitution therapy |
| Used for | Management of opioid dependence and addiction, such as heroin addiction |
| Also called | Espranor®; Natzon®; Prefibin®; Subutex®; Combination brands: Suboxone®, Zubsolv® (buprenorphine with naloxone) |
| Available as | Sublingual tablets (tablets that dissolve under the tongue), orodispersible wafers/oral lyophilisate (tablet/wafer that 'melts in the mouth') |

Buprenorphine is used to help you come off street drugs such as [heroin](#). It can prevent or reduce the unpleasant withdrawal symptoms when you stop using such drugs. It is a medicine that is similar to heroin and works as a replacement treatment. Many people choose to stay on buprenorphine long-term, although some people gradually reduce their dose and come off it.

The effects of buprenorphine last longer than heroin so it is usually prescribed as a once-daily dose. To begin with, you will usually be asked to take it under the supervision of the pharmacist who dispenses the buprenorphine to you. This means there can be no doubt about how much buprenorphine you take at each dose. This supervision may be relaxed after a few months of taking a regular maintenance dose.

Buprenorphine is also available combined with another medicine called naloxone (the tablet brand name is Suboxone®). Naloxone blocks the action of buprenorphine and the effect of the combination is that, if you are tempted to crush the tablet and try to inject it, you will start to get withdrawal effects.

Buprenorphine also acts as a painkiller. It is used to treat severe pain. When it is used for this purpose, different brands of buprenorphine tablets are used. There is more information about this in a separate medicine leaflet called [Buprenorphine for pain relief](#).

Before taking buprenorphine

Some medicines are not suitable for people with certain conditions, and sometimes a medicine may only be used if extra care is taken. For these reasons, before you start taking buprenorphine it is important that your doctor knows:

- If you have liver or kidney problems.
- If you have prostate problems or any difficulties passing urine.
- If you have any breathing problems, such as asthma or chronic obstructive pulmonary disease (COPD).
- If you have been told you have low blood pressure (hypotension).
- If you have any problems with your thyroid or adrenal glands.

- If you have epilepsy.
- If you have a problem with your bile duct.
- If you are pregnant or breastfeeding.
- If you have been constipated for more than a week or have an inflammatory bowel problem.
- If you have a condition causing muscle weakness, called myasthenia gravis.
- If you have recently had a severe head injury.
- If you have ever had an allergic reaction to a medicine.
- If you are taking any other street drugs or medicines. This includes any medicines you are taking which are available to buy without a prescription, as well as herbal and complementary medicines.

How to take buprenorphine

- Carefully follow the advice your doctor has given you, and read any printed information you are given. The manufacturer's printed information leaflet will give you more information about buprenorphine and a full list of the side-effects which you may experience from taking it.
- Take buprenorphine exactly as your doctor tells you to. Do not take more or less than the dose you have been prescribed. You can take buprenorphine tablets before or after food, but not at the same time.
- The timing of your very first dose is important because, for buprenorphine to work well, you need to take it when your body has low levels of heroin or methadone. So, the aim is to take the first dose when you start to feel some withdrawal symptoms. This tends to be about six to eight hours after the last use of heroin, or if you have been taking methadone, at least 24 hours after the last dose of methadone. If you take buprenorphine tablets any sooner than this, they can actually cause withdrawal symptoms to suddenly develop.

- At first, your doctor will prescribe a low dose, and then see you frequently to adjust this to a regular maintenance dose. This early stage is very important because too high a dose can cause you serious harm; so be patient. It may take a week or so until the correct dose is found, by which time you should not be feeling any withdrawal symptoms. It is very important that you do not take any heroin or methadone during this time, as this will cause you to feel ill - as though you are withdrawing.
- Your dose may need to be increased again to prevent symptoms of craving but most people feel they have the correct dose within the first week.
- If you have been prescribed a '**sublingual**' **buprenorphine tablet** (for example, Subutex®):
 - This is a tablet which you put **under your tongue**.
 - The tablet dissolves over 5-10 minutes and buprenorphine is absorbed straight into your bloodstream from your mouth.
 - The tablets do not work if you swallow them whole.
 - It is usually prescribed as a once-daily dose.

- If you have been prescribed a '**melt in the mouth**' **buprenorphine tablet/wafer** (for example, Espranor® oral lyophilisate):
 - This is a tablet/wafer which you place directly **on your tongue**.
 - Make sure your hands are dry when touching the tablet/wafer.
 - The tablet/wafer dissolves on your tongue in around 15 seconds and buprenorphine is absorbed straight into your bloodstream from your mouth.
 - Try not to swallow for two minutes after taking your dose or you may lose some of the dose.
 - Do not eat or drink anything for five minutes after taking your dose.
 - The tablet/wafer does not work if you swallow it whole.
 - Your doctor will prescribe a once-daily dose to start with, but this may be changed to a higher dose on alternate days (every other day) once your dose is stabilised.
- Try to take your buprenorphine dose at the same time of day, each day. To start with you will be asked to take buprenorphine where you can be supervised, usually in the pharmacy. This is to help you stick with your treatment and make sure you do not miss any doses.
- If you forget to take a dose, wait until your next dose is due and then take only one dose. You must **not** take two doses together to make up for a missed dose.
- If you miss three or more doses in a row, your pharmacist is likely to refer you back to your doctor, as your dose may need to be reduced.
- Signs of overdose include difficulty breathing, and eventually unconsciousness. If you suspect that you or someone else might have had an overdose of buprenorphine, contact your doctor or go to the accident and emergency department of your local hospital at once. Take the container with you, even if it is empty.

Getting the most from your treatment

- Some people feel uncomfortable during the first two to three days of taking buprenorphine. Do not give in to any temptation to take heroin, and do not take more buprenorphine than your doctor has prescribed for you.
- It is important that you keep your regular appointments with your doctor or clinic so your progress can be reviewed. You will be asked to give a urine sample from time to time.
- Buprenorphine cannot be supplied to you without a prescription and your pharmacist can only dispense the prescription exactly as your doctor has directed. If you want any changes to be made to your supply you will need to speak with your doctor first.
- There are several different brands and strengths of buprenorphine tablets, so each time you collect a supply, check to make sure it contains what you are expecting.
- This medicine has been prescribed for you. Never give it to other people even if their condition appears to be the same as yours.
- You are more likely to succeed in staying off heroin if you have support and counselling in addition to taking buprenorphine. Local drug community teams, self-help groups and other agencies may be of help. It is much harder to 'do it alone', so go for counselling and help if it is available in your area.
- You should not take any street drugs or drink too much alcohol while you are on buprenorphine. Buprenorphine can be affected by other street drugs (such as benzodiazepines, or 'benzos') and by alcohol, increasing the chance of unwanted effects.
- If you are a driver, please be aware that buprenorphine is likely to affect your reactions and ability to drive. It is an offence to drive while your reactions are impaired. You should tell the DVLA that you are taking buprenorphine. You are likely to be banned from driving at first, although you should be allowed to drive again later, subject to an annual medical review. Your doctor will tell you when you can resume driving.

- Do not stop taking buprenorphine without discussing this with your doctor or drug-team worker first. It is important that buprenorphine be taken regularly to reduce the risk of withdrawal symptoms occurring. When you are ready to consider becoming drug-free, your doctor or drug-team worker will be able to help you decide on the best way to do this in order to keep withdrawal effects to a minimum.
- If you are planning any trip abroad, you should carry a letter with you from your doctor to explain that you have been prescribed buprenorphine. This is because buprenorphine is classed as a 'controlled drug' and is subject to certain restrictions.
- If you buy any medicines, check with a pharmacist that they are suitable for you to take with buprenorphine. Many other medicines have similar side-effects to buprenorphine and taking them together will increase the risk of unwanted effects.
- If you are having an operation or dental treatment, tell the person carrying out the treatment that you are taking buprenorphine.

Can buprenorphine cause problems?

Along with their useful effects, most medicines can cause unwanted side-effects although not everyone experiences them. The table below contains some of the most common ones associated with buprenorphine. You will find a full list in the manufacturer's information leaflet supplied with your medicine. The unwanted effects often improve as your body adjusts to the new medicine, but speak with your doctor or pharmacist if any of the following continue or become troublesome.

| Common buprenorphine side-effects | What can I do if I experience this? |
|--|--|
| Constipation | Eat a well-balanced diet and drink plenty of water each day. If this continues to be a problem, speak with your doctor |
| Feeling sick (nausea) or being sick (vomiting), diarrhoea | Stick to simple meals – avoid rich or spicy foods |
| Feeling dizzy, weak or drowsy | Do not drive and do not use tools or machines. Do not drink alcohol |
| Headache, difficulty sleeping, sweating, feeling anxious or nervous, changes to heart rhythm, nose or eye symptoms | If any of these become troublesome, speak with your doctor |

On rare occasions, medicines that affect the level of serotonin in the brain can cause it to go too high and cause problems. The risk is higher if you are taking more than one medicine with this effect. Seek medical attention if you develop any combination of the following:

- Stiff muscles or 'jerky' movements.
- Unusually fast heartbeat.
- High temperature (fever), feeling sick (nausea) or being sick (vomiting), diarrhoea.
- Feeling delirious or seeing visions (hallucinating).

If you experience any other symptoms which you think may be due to this medicine, speak with your doctor or pharmacist.

How to store buprenorphine

- Keep all medicines out of the reach and sight of children.
- Store in a cool, dry place, away from direct heat and light.

- Store the tablets or wafers in their original manufacturer's packaging and do not remove from their foil blisters until you are ready to take your dose.

Important information about all medicines

Never take more than the prescribed dose. If you suspect that you or someone else might have taken an overdose of this medicine, go to the accident and emergency department of your local hospital. Take the container with you, even if it is empty.

Do not keep out-of-date or unwanted medicines. Take them to your local pharmacy which will dispose of them for you.

If you have any questions about this medicine ask your pharmacist.

If you experience side effects, you can report them online through the [Yellow Card website](#).

Further reading

- [Manufacturer's PIL, Subutex® 0.4 mg, 2 mg and 8 mg sublingual tablets](#); Indivior UK Limited, The electronic Medicines Compendium. Dated October 2020.
- [Manufacturer's PIL, Espranor® 2 mg and 8 mg Oral Lyophilisate](#); Martindale Pharmaceuticals Ltd, The electronic Medicines Compendium. Dated September 2022.
- [Medicines Complete BNF 88th Edition](#); British Medical Association and Royal Pharmaceutical Society of Great Britain, London.

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