





































SUMMARY TABLE OF PHARMACOLOGICAL TREATMENTS FOR OUD

SUMMARY TABLE OF PHARMACOLOGICAL TREATMENTS FOR OUD	Buprenorphine-naloxone (BUP/NAL) <i>Suboxone® / (Subutex¹)</i> Guidance document	Methadone Guidance document	Slow-Release Oral Morphine (SLOM) <i>Kadian®</i> Guidance document	Buprenorphine Extended-Release Injection (BUP-ER) <i>Sublocade®</i> Guidance document
PHARMACOLOGY				
Method of use	Sublingual Oral (possible with films)	Oral	Oral	Monthly subcutaneous injection
Available formulations	 Dissolvable sublingual tablets: 2/0.5 and 8/2 mg Oral and sublingual films: 2/0.5, 4/1, 8/2, 12/3 mg	 Liquid: all doses are possible in 1mg increments Tablets: not used except in exceptional cases	 Capsules: 10, 20, 50, 100 mg	 Subcutaneous injection: 100 et 300 mg
Mu agonist effect	 Partial <i>mu</i> agonist	 Full <i>mu</i> agonist	 Full <i>mu</i> agonist	 Partial <i>mu</i> agonist
Affinity for mu receptors	+++	++	++	+++
RAMQ coverage	Yes	Yes	Yes Use in OAT is off label	Yes Medical exemption code number SN544 ²
Speed to reach a therapeutic dose	 Fast ++ Therapeutic dose attained in 1-2 days	 Slow Increase q 5-7day Therapeutic dose attained within a few weeks/months	 Medium Increase q 2day Therapeutic dose attained in a few days/weeks	 Fast The injection is usually initiated after 7 days of oral BUP/NAL at a therapeutic dose
Maximum starting dose	2-4 mg if COWS ≥ 8-12 Microdose method possible: see guideline	Between 1-40 mg	50-200 mg ³	300 mg q 28day X 2 doses Then 100 mg q 28day Consider keeping the person on 300 mg q 28day if there are withdrawal symptoms at 100 mg
Maximum increases	Increases q 2-4h of 4 mg possible up to 16 mg max day 1 And 24 mg max day 2	Maximum increase of 20 mg q 5-7day	Maximum increase of 200 mg q 2day	
Maximum dose	Max dose = 24 mg (exceptionally 32 mg)	No maximum dose	No maximum dose	300 mg SC Consider decreasing the time between injections if withdrawal symptoms occur or supplement with oral BUP/NAL
Dosage	DIE, q 2day, q 3day Can be divided into BID or TID	DIE Can be divided into BID or TID	DIE	q 28day Intervals of 26 to 42 days between injections are possible

1 Subutex consists of only buprenorphine, no naloxone. It must be requested through Health Canada's Special Access Program.

2 For the treatment of opioid use disorder among adults clinically stabilized on buprenorphine sublingual therapy.

3 Certain Canadian guidelines start with higher doses ranging from 300 mg (BCCSU) to 400 mg (MetaPhi) or even higher, based on the tolerance of the person in treatment. In such cases, the rationale should be well documented in the patient's file.

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PHARMACOLOGY (continued)				
Retitration see section 5.3 of the guide ⁴	After ≥ 3 consecutive days of missed doses	After ≥ 3 consecutive days of missed doses	After ≥ 2 consecutive days of missed doses	After more than 42 days since the last injection
Unsupervised doses See the Decision Support Tool for Granting Unsupervised Doses	Greater flexibility for unsupervised doses	Slower dosing schedule for unsupervised doses The stability of diluted methadone is 14 days when kept in the fridge (and 7 days if diluted in apple juice ⁵)	Unsupervised doses on a case-by-case basis, according to the risks/benefits	Injection by a healthcare professional No unsupervised doses People in treatment are not authorized to have BUP-ER in their possession. It must be delivered directly to the clinic for administration
PHARMACOKINETICS				
Peak action (Tmax)	 1h by sublingual method  2.5 to 3h by oral film	 2 to 4h (varies between 1 to 7.5 h)	 8.5 to 10h	 24h post injection
Metabolism	CYP450 3A4 (major pathway) Glucoronconjugation UGT1A1, UGT1A3, UGT2B7	CYP 450 2B6-3A4 > 2D6 >> 2C9, 2C19, 1A2	Glucuronconjugation (major) et CYP2D6 (minor)	First hepatic passage avoided
Half-life	24 to 42 h	8 to 59 h (24 h average)	11 to 13 h (once absorbed, however, the half-life of morphine is 2 to 4 h)	43 to 60 days
PREFERENCES AND NEEDS OF THE PERSON IN TREATMENT				
Concurrent consumption of opioids during treatment	 Difficult, especially if high doses	 Possible	 Possible	 Difficult due to probable saturation of <i>mu</i> receptors
Desire to feel sedative effects (<i>mu</i> agonist)	 Not a good choice	 Good choice	 Good choice	 Not a good choice
Concurrent consumption of alcohol (and other sedatives)	 Safer	 Greater danger	 Greater danger	 Safer
PRECAUTIONS AND CONTRAINDICATIONS				
Impact QTc	+	+++		+
Safety	 Ceiling effect = low risk of overdose	 Risk of sedation  Risk of overdose, particularly during the start and end of treatment	 Risk of sedation  Risk of overdose, particularly during the start and end of treatment	 Ceiling effect = low risk of overdose

4 [Québec clinical guideline for supporting people living with opioid use disorder.](#)

5 Refer to product monographs for more details on stability data and recommended dilutant brands.

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PRECAUTIONS AND CONTRAINDICATIONS (continued)				
Medication interactions	Minimal clinically significant interactions See BCCSU table	Multiple See BCCSU table	Moderate See appendix 5	Minimal clinically significant interactions See appendix 4
Common side effects	<ul style="list-style-type: none"> ▶ Similar to methadone but less common ▶ Headaches in the first days ▶ Risk of induced withdrawal 	<ul style="list-style-type: none"> ▶ Increased sweating ▶ Constipation ▶ Hypogonadism and decreased libido ▶ Weight gain ▶ Nausea ▶ Drowsiness 	Similar to opioids in general: <ul style="list-style-type: none"> ▶ Constipation ▶ Nausea, vomiting ▶ Indigestion, abdominal pains ▶ Urinary retention ▶ Drowsiness, dizziness ▶ Diaphoresis ▶ Etc. 	<ul style="list-style-type: none"> ▶ Similar to BUP/NAL tablets plus injection site side effects (pain, itchiness, induration, etc.)
Liver failure	See summary table			
▶ Child A	✔	✔	✔	✔
▶ Child B	⚠	✔	⚠	✘
▶ Child C	✘	⚠	⚠	✘
Renal failure (CICr in ml/min)	< 30 ml/min : ⚠	< 10 ml/min : ⚠	30-60 ml/min : ⚠ Administer 50% – 75% of initial dose 15-30 ml/min : ⚠ Administer 25% – 50% of initial dose < 15 ml/min : ✘	✔
Pregnancy/ breastfeeding	✔	✔	⚠ Cf appendix 7	✘
Breastfeeding	✔	✔	⚠ Cf appendix 7	✘
Contraindications	Overall, the OAT contraindications are similar between molecules: <ul style="list-style-type: none"> ▶ Hypersensitivity to the active ingredients or to one of the non-medicinal ingredients ▶ Respiratory depression/failure, asthma with severe bronchospasms, severe COPD, pulmonary heart disease ▶ Gastrointestinal obstructions (including paralytic ileus) ▶ Currently taking or have taken in the past 14 days a monoamine-oxidase inhibitor (MAOI) ▶ CNS depression or significant acute intoxication by a central nervous system depressant (opioid, alcohol, benzodiazepine, etc.) ▶ Delirium tremens, seizures, intracranial hypertension, brain trauma 			

Légend: ✔ Safe; ⚠ Use with Caution; ⚠ High Risk; ✘ Not Recommended.