Did you know?

The CRISM National Guideline for the Clinical Management of Opioid Use Disorder recommends buprenorphine/naloxone as the preferred first-line treatment for opioid use disorder.

Buprenorphine/naloxone is a 4:1 combined formulation administered as a sublingual tablet.

- Buprenorphine, a partial opioid agonist, treats opioid addiction by preventing opioid withdrawal and drug cravings, leading to cessation or reduction in opioid use.
- Naloxone, an opioid antagonist, deters non-medical use (‘diversion’) by inducing withdrawal symptoms if the drug is misused and injected intravenously.

What the Research Says:

Treatment outcomes (i.e., retention, reduction in opioid use), are similar to methadone, but buprenorphine/naloxone has fewer side effects and important safety advantages:1,2
1. A “ceiling effect” on respiratory depression making fatal overdose much less likely
2. A lower risk of adverse events including cardiac arrhythmias
3. Fewer drug-drug interactions (e.g., with antibiotics, antidepressants, and HIV medications)
4. A potentially lower risk of diversion due to co-formulation with naloxone

Moreover, research demonstrates that patients can achieve similar or improved treatment outcomes in primary care compared to specialized addiction treatment clinics.3

Other advantages include:4-7
1. A single prescriber model that supports safe prescribing strategies
2. Patients may experience less stigma and fewer barriers to accessing treatment
3. A pre-existing therapeutic relationship may improve engagement and continuity of care
4. Addiction treatment can be provided within a comprehensive framework of care and support

Regulatory information for prescribers

- In most provinces, a methadone exemption is not required to prescribe buprenorphine/naloxone. Physicians in SK and MB must hold a methadone exemption and complete additional requirements.

- Health Canada has removed the two-month minimum of supervised daily dispensing for this medication. Due to its relative safety profile, take-home doses of buprenorphine/naloxone can be provided as soon as the patient is deemed clinically stable by the treating clinician.

- Check your provincial drug plan coverage for buprenorphine/naloxone’s benefits status. In BC, AB, MB, ON, and NL, this is covered as a regular benefit. In SK, QC, NB, NS, and PEI, methadone must be contraindicated or inappropriate before buprenorphine/naloxone will be covered.

For New Prescribers: It is recommended to complete a CME course in buprenorphine/naloxone treatment (required in SK, MB, and QC). Additionally, new prescribers can consult with an experienced addiction medicine clinician.

Online Resources for Clinicians


- The Suboxone® Continued Medical Education Program: www.suboxonetrainingprogram.ca

- BCCSU Provincial Opioid Addiction Treatment Support Program - Buprenorphine/naloxone modules*

*CME accredited

For further reading, please refer to the CRISM National Guideline for the Clinical Management of Opioid Use Disorder.