

Preparations of buprenorphine for medication-assisted treatment of opioid dependence (MATOD)

Preparation (trade names)	Available strengths	Frequency of administration	Indication	Advantages	Considerations
sublingual preparations			,		
buprenorphine+naloxone film (Suboxone)	2+0.5 mg 8+2 mg	daily or on alternate days	initiation and maintenance of MATOD	safety (less risk of being injected than Subutex) [NB1] dissolves faster than Subutex tablets	naloxone is contraindicated in liver failure
buprenorphine tablet (Subutex)	0.4 mg 2 mg 8 mg	daily or on alternate days	initiation and maintenance of MATOD	preferred over Suboxone in liver failure and in some pregnant patients	not available in some jurisdictions unless patient is pregnant or has a specific additional indication (eg allergy to naloxone) fewer takeaway doses are permitted for Subutex than for Suboxone
modified-release subcutaneou	s preparations			<u> </u>	<u> </u>
buprenorphine injection (Buvidal Weekly)	8 mg/0.16 mL 16 mg/0.32 mL 24 mg/0.48 mL 32 mg/0.64 mL	weekly	initiation and maintenance of MATOD. Some state and territory guidelines suggest starting after a patient has had a short trial (eg 7 days) of sublingual buprenorphine	less frequent attendance for dosing frees people to engage with other life activities	strategies might be needed to minimise pain on injection [NB2] some patients have cosmetic concerns about the visible lumps resulting from the volume of the injection
buprenorphine injection (Buvidal Monthly)	64 mg/0.18 mL 96 mg/0.27 mL 128 mg/0.36 mL 160 mg/0.45 mL	monthly	maintenance of MATOD after initiating therapy with Buvidal Weekly or sublingual buprenorphine		
buprenorphine injection (Sublocade)	100 mg/0.5 mL 300 mg/1.5 mL	monthly	maintenance of MATOD after initiating therapy with sublingual or subcutaneous buprenorphine	less frequent attendance for dosing frees people to engage with other life activities duration of action is the longest of the monthly formulations which may add to its convenience	

NB1: Naloxone is added to discourage injection. Injected naloxone may precipitate opioid withdrawal but sublingual naloxone is much less likely to do so because it is poorly absorbed.

NB2: Pain may be reduced with use of cold packs and local anaesthetic.