

## **Appendix C: Opioid Agonist Treatment Medication Table**

DRUGS FOR OPIOID AGONIST TREATMENT							
Generic Name	Trade Name	Available Dosage Forms	Recommended Adult Dose	Adverse Effects	Drug Interactions <sup>A</sup>	PharmaCare Coverage <sup>B</sup>	Approx. Cost <sup>c</sup>
buprenorphine/ naloxone	Suboxone <sup>®</sup> , G	SL tabs: (Suboxone,G): 2 mg/0.5 mg, 8 mg/2 mg SL tabs (Suboxone): 12 mg/3 mg 16 mg/4 mg	Day 1 Induction: Two 2 mg/0.5 mg SL tabs when COWS > 12 and no long-acting opioid used for at least 30 hours May be increased to three 2 mg/0.5 mg SL tabs when COWS > 24 and patient experienced severe withdrawal symptoms (max total: 12 mg/3 mg) Day 2 Onward: Continue once-daily dose equal to the total amount administered on the previous day titrating up as needed in subsequent days to a target dose of 16 mg/4 mg per day or greater. (max total: 24 mg/6 mg per day)	Hyperhidrosis, abdominal pain, constipation, nausea, vomiting, headache, insomnia.	alcohol benzodiazepines and other CNS depressants naltrexone CYP3A4 inhibitors <sup>D</sup> CYP3A4 reducers <sup>E</sup> monoamine oxidase inhibitors	Yes, LCA: 2 mg/0.5 mg and 8 mg/2 mg  No: 12 mg/3 mg and 16 mg/4 mg	\$77(G) \$307 Per 30 days based on a dose of 16 mg/4 mg (as 2 tablets of 8 mg/2 mg)
clonidine	G	<b>Tab:</b> 0.1, 0.2 mg	0.1 to 0.2 mg every 4 hours as needed for up to 12 hours. (max total: 0.6 mg)  Check blood pressure prior to each dose and hold the dose if hypotension is present.	Sedation, dry mouth, orthostatic hypotension, dizziness.	alcohol diuretics beta-blockers ACE-inhibitors angiotensin receptor blockers calcium channel blockers digoxin atypical antipsychotics SSRIs methylphenidate	Yes	\$1.00 per day

 $\textbf{Abbreviations: G} \ generics; \textbf{LCA} \ low \ cost \ alternative \ program; \textbf{max} \ maximum \ dose; \textbf{SL} \ sublingual$ 

<sup>&</sup>lt;sup>^</sup> Not an exhaustive list. Check the product monographic or an interaction checker (e.g., Lexicomp<sup>(c)</sup>) before prescribing

<sup>&</sup>lt;sup>B</sup> PharmaCare coverage as of July 2018 (subject to revision). Obtain current coverage, eligibility, and coverage information from the PharmaCare Formulary Search website at https://pharmacareformularysearch.gov.bc.ca/

<sup>&</sup>lt;sup>c</sup> Cost as of July 2018 and does not include retail markups or pharmacy fees. Generic and brand name cost separated as indicated by (G).

<sup>&</sup>lt;sup>D</sup> May increase buprenorphine plasma concentrations (e.g., protease inhibitors, macrolide antibiotics, and azole antifungals)

 $<sup>^{</sup>E} \ May \ decrease \ buprenorphine \ plasma \ concentrations \ (e.g., phenobarbital, carbamazepine, phenytoin, and \ rifampicin)$