Side effects and drug interactions when taking buprenorphine (Suboxone)

Buprenorphine is safe to use for most patients. Most people don’t experience any side effects from using it. Most of the side effects that do occur are not dangerous.

Side effects that may occur include: Nausea Sweating
Constipation Headache
Drowsiness Depression
Disturbed sleep Swollen ankles

If you experience any of these, talk to your healthcare provider. Your healthcare provider may give you medicine to treat the side effects, or may change your dose of buprenorphine. Most minor side effects will either go away as you become used to the medication.

Rarely, more serious side effects can occur:

Drug Interactions: Some people who take high doses of sedatives (tranquilizers, like Valium or Xanax) and Suboxone have stopped breathing and even died. If you have been prescribed medications by an outside healthcare provider, make certain your healthcare provider knows. He or she may change how much of each drug you take. Also, never take sedatives (tranquilizers) or other drugs with buprenorphine, except those prescribed by your healthcare provider; and don’t take more than prescribed.

Allergic Reaction: If you develop hives or a rash while taking buprenorphine, you may be allergic to it. If this happens, call your healthcare provider or go to the emergency room immediately.

Respiratory Depression (stop breathing): Like prescription narcotics and heroin, buprenorphine affects the reflexes that keep you breathing. In most patients, this effect is not strong, but it can be serious in patients who already have damaged or diseased lungs. If you have a condition that causes breathing problems, tell your healthcare provider before you start Buprenorphine.

On the day you start buprenorphine (Suboxone) you should not drive to our clinic, in case the buprenorphine makes you unusually sleepy. Once you are used to the medicine, driving is OK.

If you relapse and use other opiates while buprenorphine is still in your body, the other opiates probably will not make you high. It is possible that if a person kept on dosing in order to try to get high with another opiate while buprenorphine was in their body, the drugs could stop their breathing before they were able to get high, and they could die from overdose.

Liver Problems (hepatitis): A few people have developed problems with their livers while taking buprenorphine. Most of these people already had liver problems like hepatitis B or C, or cirrhosis due to alcohol abuse. If you have had liver problems in the past, make sure that your healthcare provider knows. He or she will monitor your liver closely during your treatment. If you develop severe stomach pain, severe nausea, or jaundice (skin and/or whites of the eyes look yellow), tell your healthcare provider immediately.

Pain pills: If you need to take narcotic (opioid) pain pills because of serious pain, buprenorphine may not work for you. buprenorphine has anti-pain effects, but it may or may not be strong enough to treat your pain. It will also make other narcotic pain pills not work. Talk about this with your healthcare provider; you may be able to use other ways to control pain.

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Naltrexone: if you are taking a narcotic (opioid) blocker, like naltrexone (Revia, Vivitrol), it will prevent buprenorphine from working. Let your healthcare provider know if you are using this medicine.

Pregnancy: It is not a good idea to start taking buprenorphine (Suboxone) while you are pregnant, or to become pregnant while you are taking it. If you are sexually active, you should use birth control while you are taking buprenorphine. If you become pregnant while you are taking buprenorphine, let your healthcare provider know right away.