

# Buprenorphine Prescribing information sheet

In the current financial climate services are being asked to look at prescribing trends and identify areas where savings may be made. Recently the price differential between oral Buprenorphine products has widened and this has led to a review into the safety and benefits of each product in comparison to the generic mono Buprenorphine sublingual (SL) tablets. Currently generic mono Buprenorphine SL is approximately 4-5 times cheaper than Suboxone and Buprenorphine oral lyophilisates (Espranor). The safety review has found that there is limited additional clinical benefit to Suboxone and Espranor compared to generic mono Buprenorphine SL.

Further to this, all new patients starting on oral Buprenorphine treatment should be initiated on generic mono Buprenorphine SL tablets unless medical reason has been identified to make this inappropriate.

## Suboxone

As the indications, cautions, pharmacokinetics and doses are the same between Suboxone and generic mono Buprenorphine SL tablets. patients can be changed from suboxone to generic mono Buprenorphine easily. Patients will need to be notified of change at next appointment prior to initiating switch. Patients should be counselled on the difference, ensuring that they understand that the Naloxone component of Suboxone has no clinical effect. This is important as some patients believe that the Naloxone aspect is a “blocker.” however it should be highlighted that this is not the case, and an explanation of how Buprenorphine works should be given. The ORT treatment option video ([Treatment Options for Opioid Dependence](#)) may be used for a diagrammatic explanation if helpful. ☺

Patients may initially experience some nausea when transferring to generic Buprenorphine SL tablets; this should subside following a few days. If patient

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cannot tolerate this or adverse effects continue for a prolonged duration, then reverting prescribing to Suboxone is possible. Document this in patient's clinical notes to explain reason for Suboxone prescribing.

## Espranor

The difference in bioavailability between Espranor (Buprenorphine oral lyophilisate) and generic mono Buprenorphine SL tablets means that a dose review will be necessary prior to changing to generic mono Buprenorphine SL tablets see table below as a guide to dose changes. Patients should be counselled on the change of dose and reassurance given that this can be adjusted if needed. The method of administration is different, and patients should be advised that the Buprenorphine SL tablets should be dissolved under the tongue, not on the tongue.

<b>Buprenorphine SL products (with or without naloxone)</b>	<b>Equivalent approximate Espranor dose</b>
<b>24mg-32mg</b>	16mg-18mg
<b>20mg-24mg</b>	16mg-18mg
<b>10mg-18mg</b>	8mg-16mg
<b>2mg-8mg</b>	2mg-8mg

Maximum daily dose of Espranor is 18mg

Maximum daily dose of Buprenorphine/Naloxone is 24mg

Maximum daily dose of mono Buprenorphine SL tablets is 32mg

It is rare for patients to require doses of Buprenorphine/Naloxone (Suboxone) and mono Buprenorphine SL tablets at doses above 16mg.

Patients should be clearly counselled on the change, including how to take the tablets, and any change to how many tablets they need to take to make up their daily dose.

Patients should be contacted within 7 days of prescribing change to check how patients are faring. All patients should also be advised to get in contact as soon as possible if there are any issues with their medication.

Community pharmacies should also be contacted to ensure they have any new products in stock to ensure no gaps in treatment.

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Any questions can be directed to a senior clinician or NMP within the drug and alcohol service.

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