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Pharmacist's Letter
Hospital

Reinforce Oral Care With Buccal or Sublingual Buprenorphine

A new FDA warning will spur questions about the risk of dental problems with buccal or sublingual buprenorphine (*Suboxone*, etc).

Labels will now caution about cavities, abscesses, tooth loss, etc. These can happen even in patients withOUT a history of dental problems.

It may be because these products create an acidic environment...which can wear away tooth enamel and lead to decay within weeks or years.

So far, there are about 300 cases reported...in the over 2 million patients on buprenorphine in the US.

But the med's benefits outweigh this RARE risk.

Continue buccal or SL buprenorphine for most patients...and calm concerns in those who are starting it if needed.

For example, explain that stopping buprenorphine can lead to withdrawal, relapse, and overdose in opioid use disorder (OUD)...or loss of pain control in patients using it for chronic pain.

Counsel patients to dissolve buccal or SL buprenorphine completely...take a large sip of water...then swish and swallow.

Patients may think they should brush their teeth right after a dose...but this can accelerate enamel loss. Advise waiting at least 1 hour after using the med before brushing.

Tell patients to see a dentist when starting buprenorphine and at least twice a year...and report any sensitivity, tooth pain, etc.

If there are concerns, consider switching to another form of buprenorphine...such as an injection for OUD or a patch for pain. Or think of other meds...such as methadone for OUD or pain.

Find specifics in our FAQ, Management of Opioid Use Disorder.

Key References:

-https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-dental-problems-buprenorphine-medicines-dissolved-mouth-treat-opioid-use-disorder (2-28-22)
-Prim Care Companion CNS Disord. 2013;15(5):PCC.13l01533
-https://www.mouthhealthy.org/en/az-topics/e/dietary-acids-and-your-teeth (2-28-22)

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