

# BUPRENORPHINE-NALOXONE (SUBOXONE®) MICRODOSING INDUCTION

## Information for the Pharmacist

#### What is buprenorphine-naloxone microdosing?

- → In the context of opioid agonist therapy (OAT), buprenorphine-naloxone microdosing induction is an alternative method to the standard, off-label induction method, which relies on the repeated administration of low doses of buprenorphine-naloxone, concomitantly with the other opioids used.¹ Consumption of the other opioids will be discontinued gradually, or after 7-13 days.
  - The slow accumulation of buprenorphine at mu type (μ) opioid receptors allows for the gradual replacement of pure opioid agonists by buprenorphine without causing significant withdrawal symptoms.<sup>1</sup>
- → The usual average microdosing period is 7 or 13 days, compared with 2 days for standard induction protocols.<sup>2-5</sup> See the prescription.

#### Why use this induction technique?

- Microdosing can be used to:
  - Initiate buprenorphine-based OAT in an individual taking opioids (whether prescribed or not).
  - Transfer an individual who is already on another OAT (e.g., methadone, slow-release oral morphine) to buprenorphine.
- Microdosing is particularly indicated for:
  - Individuals for whom the withdrawal symptoms associated with the standard induction method are unacceptable;
  - Individuals for whom withdrawal is not recommended (e.g., CAD, induction of a pregnant person);
  - Individuals whose withdrawal is not sufficient for standard induction upon arrival at a clinic or in an emergency room.

# What support should be provided to individuals who are following a buprenorphine-naloxone microdosing induction protocol?

- When it is deemed safe to serve all the doses of buprenorphine-naloxone required, the offer can be made to use of a blister pack or dispill.
- → In cases where the individual is already taking buprenorphine-naloxone on a daily basis and is prescribed a twice-daily dose, the first dose is generally administered in the pharmacy, and the second dose is given to the individual.<sup>3,11</sup>
- The individual will also receive a fact sheet detailing the induction schedule, the steps to be followed to ensure that the induction goes well, and some advice, including the following:
  - It is not necessary to observe a strict interval between doses of buprenorphine-naloxone. They can be taken a few hours before or a few hours after the scheduled time.
  - Buprenorphine-naloxone can be taken at the same time as other opioids. It is not necessary to take these drugs at different times.
  - Withdrawal symptoms may be experienced during the process. A <u>withdrawal kit</u> will also be prescribed, and can be used as needed.

→ If consecutive doses are missed over a period exceeding 48 hours, the community pharmacist may reassess the individual and adjust the prescription. If necessary, the pharmacist can contact the prescriber. See: Optimisation du rôle du pharmacien communautaire (in French only).

Missed doses	Recommended action(s)
Less than 48 hours without a dose	Take the missed dose as soon as possible. Restart the induction schedule from the missed dose.
More than 48 hours without a dose	Reassess the individual.  If necessary, contact the prescriber.

Inspired by: Marwah et coll.<sup>3</sup>, Patel et coll.<sup>4</sup>, Cho et coll.<sup>12</sup> et CRDQ<sup>13</sup>.

For a complete guide to using the buprenorphine-naloxone microdosing induction method, consult the Dépendence section at <a href="https://dependenceitinerance.ca">https://dependenceitinerance.ca</a> (the site includes many documents in English).

Document inspired by work carried out by the Centre de réadaptation en dépendance du CIUSSS de la Capitale-Nationale.

### **REFERENCES FOR APPENDIX 3**

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