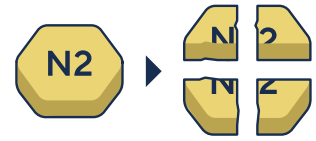




# BUPRENORPHINE-NALOXONE (SUBOXONE®) MICRODOSING INDUCTION Frequently Asked Questions



## What is buprenorphine-naloxone microdosing?

It is a treatment initiation method for opioid dependence, or for switching treatment (e.g., from methadone to buprenorphine-naloxone), through the use of very small doses of buprenorphine-naloxone and without the person having to stop consumption of opioids or discontinue their usual treatment (e.g., methadone). Opioid use or treatment will be discontinued during the process.

## Why is this method used?

Following this method does not require stopping the use of other opioids, and the individual being followed can be spared significant withdrawal symptoms. This can benefit individuals whose withdrawal symptoms are intolerable or unacceptable, as well as those for whom withdrawal is not recommended.

## How does it work?

Low doses of buprenorphine-naloxone are taken orally every day and are gradually increased over a period of several days until a sufficient dose is reached, i.e., one that enables the individual to stop consuming opioids without experiencing significant withdrawal symptoms.

It is essential not to take the doses listed in the induction schedule any faster than suggested, as this could trigger withdrawal symptoms.

## How long does the microdosing last?

The treatment usually lasts 7 or 13 days. However, the individual and prescriber may agree on a schedule tailored to the individual's needs.

Once the opioids have been discontinued, the dose of buprenorphine-naloxone can continue to be increased until a comfortable daily dose is reached.

## Are there any conditions for following this method?

Yes, the individual must want to treat their opioid dependence with buprenorphine, understand its effects, and aim to stop using opioids. Buprenorphine is a drug that does not produce a “soothing” effect like other opioids, such as methadone and morphine.

In addition, the individual must be prepared to take this drug according to a schedule. Depending on the situation, two doses a day may be indicated. It is also possible that at least one of these doses will be administered in a pharmacy.

## What should I do if I miss a dose?

It is important to follow the established schedule to limit the onset of withdrawal symptoms.

Missed doses	Recommended action(s)
Less than 48 hours (2 days) without a dose	Take the missed dose as soon as possible. Continue with the next dose according to the schedule, starting from the missed dose. It is important not to speed up the schedule to “make up” for missed days.
More than 48 hours (2 days) without a dose	See the prescriber or the pharmacist, who will readjust the protocol if necessary.

## What should I do if I experience withdrawal symptoms?

Mild withdrawal symptoms may occur during microdosing. A withdrawal symptom self-assessment tool is available on the following page to help judge their intensity. If these symptoms are too severe, a withdrawal kit is prescribed. The kit contains various drugs that will

relieve symptoms. The pharmacist can provide support on how to use it properly.

## **Who should I contact for help or if I have questions?** \_\_\_\_\_

For questions about the microdosing method, side effects, abnormal withdrawal symptoms and cravings, contact a member of the partner care team. The community pharmacist, who is a member of the care team, is also able to quickly provide advice.

***Document inspired by the CHUM Addiction Medicine Department***

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