

Buprenorphine Microinduction Guide

FOR OUTPATIENT USE

CHOICE OF PRODUCT:

- Buprenorphine-naloxone films are recommended for microinduction
- Films are better to split into 1/4 than tablets
- Combination product preferred over buprenorphine alone due to misuse/diversion risk

CHOICE OF SLOW VS. RAPID:

- Slow microinductions are great for patients who are reluctant to let go of their opioids
 - o Buy-in may be better if patients can "test" out buprenorphine while initially continuing usage of their current substance
- Slow microinductions are preferred for patients who are utilizing illicit fentanyl to better control withdrawal symptoms while transitioning to buprenorphine.
- Rapid microinductions tend to be as well tolerated in terms of withdrawal symptoms, and may be a good option for someone who has had harms (overdose, confusion, illicit use, etc) with current opioid regimen

PROVIDE PATIENT WITH CORRESPONDING INSTRUCTIONAL HANDOUT (PAGES 3 & 4)

<u>SLOW</u> BUPRENORPHINE MICROINDUCTION RECOMMENDATION ⁻⁴						
TIME POINT	BUP-NAL RECOMMENDATIONS	CURRENT SUBSTANCE RECOMMENDATIONS				
Day 1 (Initial Visit)	0.5mg-0.125mg sublingual daily	Continue current dose/use				
Day 2	0.5mg-0.125mg sublingual twice daily	Continue current dose/use				
Day 3	1mg-0.25mg sublingual twice daily	Continue current dose/use				
Day 4	2mg-0.5mg sublingual twice daily	Reduce dose/use by 25%				
Day 5	3mg-0.75mg sublingual twice daily	Reduce dose/use by 25%				
Day 6	4mg-1mg sublingual twice daily	Reduce dose/use by 25%				
Day 7 (Recommended follow-up appointment)	6mg-1.5mg sublingual twice daily	Reduce dose/use by 50%				
Day 8	Based on craving response: 16mg-4mg to 24mg-6mg divided once to four times daily	Reduce dose/use by 50%				
Days 9-11	Based on craving response: 16mg-4mg to 24mg-6mg divided once to four times daily	Reduce dose/use by 50-75%				
Days 12-13	Based on craving response: 16mg-4mg to 24mg-6mg divided once to four times daily	Reduce dose/use by 75%				
Day 14 (Next recommended follow-up appointment)	Based on craving response: 16mg-4mg to 24mg-6mg divided once to four times daily	STOP				
Days 15 – beyond	Based on craving response: 16mg-4mg to 24mg-6mg divided once to four times daily	STOP				



RAPID BUPRENORPHINE MICROINDUCTION RECOMMENDATION1-4					
TIME POINT	BUP-NAL RECOMMENDATIONS	CURRENT SUBSTANCE RECOMMENDATIONS			
Day 1 (Initial Visit)	0.5mg-0.125mg sublingual daily	Continue current dose/use			
Day 2	0.5mg-0.125mg sublingual twice daily	Continue current dose/use			
Day 3	1mg-0.25mg sublingual twice daily	Continue current dose/use			
Day 4	2mg-0.5mg sublingual twice daily	Continue current dose/use			
Day 5	3mg-0.75mg sublingual twice daily	Continue current dose/use			
Day 6	4mg-1mg sublingual twice daily	Continue current dose/use			
Day 7 (Recommended follow-up appointment)	6mg-1.5mg sublingual twice daily	STOP			
Day 7 – beyond	Based on craving/response: 12-3 mg to 24-6 mg total daily dose (daily or divided up to four times daily)	STOP			

References:

- Klaire S, Zivanovic R, Barbic SP, Sandhu R, Mathew N, Azar P. Rapid Micro-Induction of Buprenorphine/Naloxone for Opioid Use Disorder in an Inpatient Setting: A Case Series. Am J Addict. 2019;28(4):262-265. doi:10.1111/ajad.12869
- Randhawa PA, Brar R, Nolan S. Buprenorphine—naloxone "microdosing": an alternative induction approach for the treatment of opioid use disorder in the wake of North America's increasingly potent illicit drug market. CMAJ. 2020;192(3):E73-E73. doi:10.1503/cmaj.74018
 Hämmig R, Kemter A, Strasser J, et al. Use of microdoses for induction of buprenorphine treatment with overlapping full opioid agonist use: the Bernese method. SAR. 2016;Volume 7:99-105. doi:10.2147/SAR.S109919 2.
- 3.
- Becker WC, Frank JW, Edens EL. Switching From High-Dose, Long-Term Opioids to Buprenorphine: A Case Series. Annals of Internal Medicine. 2020;173(1):70-71. doi:10.7326/L19-0725

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SLOW MICROINDUCTION PATIENT INSTRUCTIONS

Administration technique

- Drink water to wet mouth
- Place tablet or film under tongue
- Allow 15 minutes to dissolve do NOT swallow
- Avoid swallowing saliva to avoid stomach upset; may spit extra saliva after 15-30 minutes
- Avoid brushing teeth for 1 hour after tablet/film dissolves



Half of it is then cut into 2 pieces (1/4 of a strip).

You will be provided 2-0.5 mg Suboxone film's, and will follow dosing instructions below

The first strip will be cut into 2 pieces

<u>SLO</u>	<u>W</u> BUPREN	ORPHINE MICROINDUCTION RE	COMMENDATION ⁴		
DAY	DATE	SUBOXONE DOSE	CURRENT SUBSTANCE RECOMMENDATIONS		
Day 1		1/4 film once daily	Continue current dose/use		
Day 2		1/4 film twice daily	Continue current dose/use		
Day 3		½ film twice daily	Continue current dose/use		
Day 4		1 film twice daily	Reduce dose/use by 25%		
Day 5		1 ½ films twice daily	Reduce dose/use by 25%		
Day 6		2 film's twice daily	Reduce dose/use by 25%		
Day 7		3 film's twice daily	Reduce dose/use by 50%		
Day 8 a	Day 8 and beyond dosing to be filled in by provider at follow up appointments				
Day 8			Reduce dose/use by 50%		
Day 9			Reduce dose/use by 50%		
Day 10			Reduce dose/use by 50-75%		
Day 11			Reduce dose/use by 50-75%		
Day 12			Reduce dose/use by 75%		
Day 13			Reduce dose/use by 75%		
Day 14			STOP		
Days 15 – beyond			STOP		

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RAPID BUPRENORPHINE MICROINDUCTION RECOMMENDATION1-4				
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Day 1		1/4 film once daily	Continue current dose/use	
Day 2		1/4 film twice daily	Continue current dose/use	
Day 3		½ film twice daily	Continue current dose/use	
Day 4		1 film twice daily	Continue current dose/use	
Day 5		1 ½ films twice daily	Continue current dose/use	
Day 6		2 film's twice daily	Continue current dose/use	
Day 7		3 film's twice daily	STOP	
Day 8 and beyond dosing to be filled in by provider at follow up appointment				
Day 8 – beyond			STOP	