

Microdose Pros	Macrodose Pros
Low risk of <i>precipitated</i> withdrawal	Lower risk of subacute/prolonged withdrawal
Appealing to patients (and providers) who are spooked about precipitated withdrawal	Can be accomplished quickly, therapeutic dose in <48h
	Lower risk of undertreated withdrawal
	Relatively simple for patient and prescriber

Microdose Cons	Macrodose Cons
Takes a long time—4 to 7 days	Precipitated withdrawal risk
Patients continue to use/be exposed to risk of OD/go to dealer and old spots	Timing needs to be right
Subacute withdrawal throughout	
Confusing!	
If goes poorly, patients may decline start in future	If goes poorly, patients may decline start in future

Microdosing is helpful

- Inpatient, esp perioperative
- Methadone → bup
- Patient really wants bup and really scared of precipitated withdrawal

Options for microdosing

- Refer to OBIC, Bridge (public insurance)
- Prescribe to
 - CBHS pharmacy: Patient picks up at 1380 Howard St, they do education
 - Scriptsite pharmacy: Can be delivered to patient home M-F 10-5
 - Any other pharmacy and write reaaaally detailed guidance (note: keep using full amounts of opioids!)

CBHS Pharmacy Buprenorphine “Rapid Microdosing” Protocol

Buprenorphine mono-product 2mg tablets (NC 50383-0924-93) Blister-pack and dispense #7 tablets	
Day 1	Dissolve $\frac{1}{4}$ of a 2mg tablet (0.5mg) under your tongue observed now, then every 6 hours for a total of 4 doses
Day 2	Dissolve $\frac{1}{2}$ of a 2mg tablet (1mg) under your every 6 hours for a total of 4 doses
Day 3	Dissolve 1 (2mg) tablet under your every 6 hours for a total of 4 doses