

6

Prescribing and dispensing buprenorphine

Both preparations of buprenorphine are registered as S8 medications. Special precautions should be taken by clinicians in the prescribing, handling, dispensing and storage of these medications. Specific requirements may apply in your jurisdiction — contact the relevant authority for advice (see Appendix 2).

6.1 Prescribing requirements

Jurisdictional policy should be consulted for specific requirements, but in general, prescribers should specify the following:

- the name and address of the prescribing doctor who has been authorised to prescribe;
- the patient's name and address;
- the date of the prescription;
- the preparation to be dispensed (buprenorphine or buprenorphine/naloxone sublingual tablets);
- the dose of buprenorphine to be dispensed in mg (words and numbers);
- different dose schedules must be written separately (ie 24-hour doses, 2-day or 3-day doses);
- the beginning and end dates of the prescription.

It is also good practice to include the name of the dispensing pharmacy.

6.2 Protocols for administering buprenorphine

Procedures prior to dosing

Health professionals authorised to administer buprenorphine include a pharmacist, a medical practitioner or registered nurses.

Prior to administering the medication, staff must:

- establish the identity of the patient;
- confirm that the patient is not intoxicated;
- check dose and currency of the prescription — a patient cannot be dosed if a prescription is not current;
- check that the current day is a dose day on the patient's regime;
- confirm the dose for the current day if it is an alternate-day or three-times-a-week regime.

Dispensing of the dose should be recorded in accordance with jurisdictional requirements.

Administering buprenorphine

After recording dose details in the necessary Drug of Addiction recording system, the following procedures should be observed.

1. Count and check the buprenorphine tablets into a transparent, dry dosing cup. Double check number and strength.
2. For patients unfamiliar with buprenorphine dosing, issue the following instructions:
 - place the tablets under your tongue;
 - do not chew the tablets;
 - do not swallow saliva until the tablets have dissolved (3 to 5 minutes on average);
 - do not swallow the tablets (buprenorphine tablets have poor bioavailability when taken orally compared to sublingually);
 - once the tablets are given to you they are your responsibility and will not be replaced.
3. Inspect the patient's mouth cavity — gum, lollies etc should be removed.
4. Give the cup to the patient and ask the patient to tip the contents under the tongue. Discourage patients from handling tablets.
5. Observe the patient until you are satisfied tablets are not able to be diverted (usually > 2 minutes). Ask to see "how the tablets are dissolving" enough times for this to become an acceptable part of the patient's pick up routine.
6. Patients should sign that they have received their dose. Offer cordial or water to rinse taste out of mouth.
7. The prescriber should be notified if the pharmacist has concerns that patients may be attempting to divert their medication (see Section 5.5).

Increasing the amount of time that the medication is in contact with the oral mucosa will maximise the absorption of buprenorphine. Whole tablets will promote the most gradual absorption but may be more easily diverted. Where diversion is a concern, breaking tablets into four or five pieces is recommended. Crushing buprenorphine tablets to a powder should be avoided since a particulate solution is rapidly formed which is difficult to keep under the tongue and promotes swallowing of unabsorbed medication. Strategies to promote saliva flow can help with absorption.