Guidance on crushing buprenorphine buccal tablets (Subutex®) when used as an alternative to buprenorphine wafers (Espranor®)

Introduction

1. Buprenorphine wafers will not be supplied to Trust units.

2. Buprenorphine wafers are primarily prescribed to reduce the risk of a patient palming a buprenorphine buccal tablet that takes several minutes to dissolve in the mouth. However, they are comparatively expensive.

3. On wards, a patient’s own supply of buprenorphine wafers can be administered, but if a replacement supply needs to be ordered, buccal buprenorphine tablets at the same dose should be used until discharge.

4. If diversion is still considered a risk, the buprenorphine buccal tablets can be crushed and administered as a much cheaper alternative to administering buprenorphine wafers, which will not be supplied while the patient is on the ward.

5. Consideration must be given to how crushing the tablet will affect the bioavailability profile. The tablet will dissolve more quickly, just over one minute for the larger doses. There will be an increase in saliva with a possible increase in more unabsorbed drug being swallowed, thereby reducing the effective dose. Some buprenorphine will be lost in the tablet crusher and on the gallipot used to transfer the crushed tablet to the client. This is more significant for lower doses.

6. Clients must be monitored for any clinical impact when moving over to crushed buccal buprenorphine tablets.

7. Any patient switched to buprenorphine buccal tablets, crushed or uncrushed, must have it explained to them why they are not on the wafers any longer while on the ward (ie. they are not in the Trust Formulary) and this discussion must be recorded on Carenotes. If a decision is made to crush the tablets, the patient must also be informed that this is an unlicensed indication.

8. If a decision is made to crush the buccal buprenorphine tablets, the prescription must clearly state that the buprenorphine is to be crushed.

Crushing and administration protocol

9. The tablet(s) should be crushed into granules (not a fine powder) using a tablets crusher.

10. Once crushed the granules should be tipped into a gallipot and the tablet crusher tapped to dislodge as much of the dose as possible.
11. The patient should be instructed to tip the granules under their tongue without touching them. Ask them to try not to swallow saliva whilst the tablets are under the tongue.

12. Offer the patient a drink of water after the crushed tablet has dissolved and engage them in conversation.

13. The tablet crusher must be washed thoroughly and dried at the end of each session.

**Discharge planning**

14. It is vitally important that before any patient on an opiate substitute is discharged, their substance misuse team is contacted so that a new supply can be arranged for them to collect the day after their discharge.

15. If the patient came in on buprenorphine wafers and is now on buccal tablets, this should be discussed with the patient’s substance misuse team, who may wish to put them back on the wafers immediately after discharge.

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