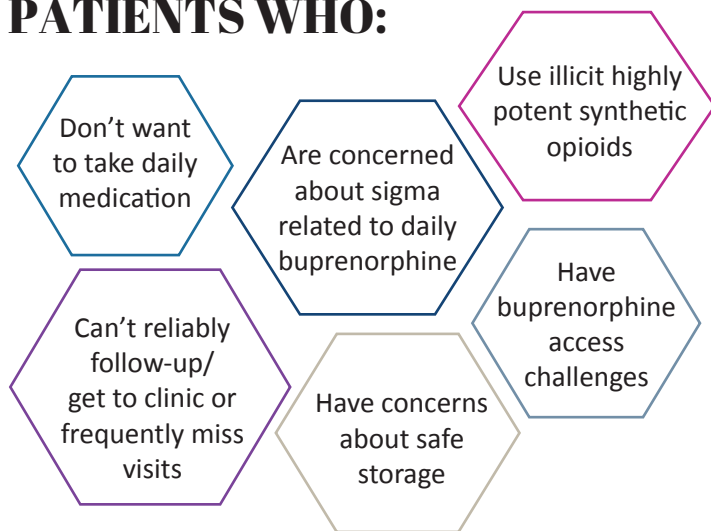


USING INJECTABLE BUPRENORPHINE (SUBLOCADE®): A GUIDE FOR PROVIDERS

WHAT IS IT?

Extended-release buprenorphine injection (Sublocade®, XR-bup) is a once monthly subcutaneous injection for patients with moderate to severe OUD. XR-bup is equivalent to approximately 16-24 mg/day of sublingual buprenorphine. According to the package insert, patients should be treated with a transmucosal formulation of buprenorphine for at least 7 days and on stable doses of buprenorphine 8-24mg/day before starting XR-bup. XR-bup may be a good option for patients in whom adherence or diversion is a concern. Use of SR-bupe can also help with patient concerns such as having their prescription bottles stolen or needing to store their medication safely away from children.

XR-BUP MAY BE ADVANTAGEOUS FOR PATIENTS WHO:



KEY STUDY FINDINGS:

XR-bup in both the 100mg and 300mg maintenance groups had greater % opioid abstinence at 6 months compared to placebo; ~40% vs. 5% in the pivotal study

Greater than 40% opioid abstinence vs. placebo and upwards to 65% opioid abstinence amongst a real-world chronically homeless population

Quality of life improvement over sublingual buprenorphine

Several case series showed the tolerability and safety of initiating XR-bup in those on sublingual buprenorphine for <7 days

Similar side effect profile to sublingual buprenorphine except for injection-site reactions (5-10% of patients)

DOSING:

Patients should be able to tolerate 8-24 mg of transmucosal buprenorphine before starting XR-bup. This is to ensure sufficient opioid tolerance to avoid adverse events such as excessive sedation or nausea with XR-bup. The recommended dose of XR-bup is 300 mg monthly for the first 2 months, followed by a maintenance dose of 100 mg monthly. Some patients may require supplementary sublingual buprenorphine during initiation of XR-bup. The maintenance dose may be increased to 300 mg monthly for patients who continue to experience withdrawal and/or craving symptoms or continue to use opioids on the 100 mg maintenance dose. A patient who misses a dose should receive the next dose as soon as possible. The minimum number of days between doses is 26 days. Occasional delays in dosing up to 2 weeks are not expected to have a clinically significant impact on treatment effect. If XR-bup is discontinued, plasma levels decrease slowly over time and may be detectable for 12 months or longer once at steady state. Therefore, patients should be monitored for several months for signs of opioid withdrawal after stopping treatment.

STORAGE & ADMINISTRATION:

XR-bup is injected subcutaneously into the abdomen by a healthcare provider. The injection site should have adequate subcutaneous tissue free of nodules or lesions and the area should not be irritated, reddened, bruised, infected, or scarred in any way. Patients should be educated that they will have a lump present for several weeks that will decrease in size over time.

- » Inject as a slow, steady push
- » Provide at least a minimum of 15 minutes at room temperature before injection to minimize pain
- » An injection containing lidocaine HCL 10-15 minutes prior to administering XR-bup may help to minimize pain. Ice packs may also be used.
- » Store at 2C - 8C in a refrigerator. If stored at room temperature, it must be used within 30 days



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REFERENCES:

- 1) Sublocade [prescribing information]. Indivior Inc.; 2012.
- 2) Mariani, et al. Am J Addict. 2020 Jul;29(4):345-48.
- 3) Haight BR, et al. Lancet. 2019 Feb 23;393(10173):778-90.
- 4) Peckham AM, et al. J Subst Abuse Treat. 2021.
- 5) Jones AK, et al. Clin Pharmacokinet. 2021 Apr;60(4):527-40.
- 6) <https://www.insupport.com/specialty-product/specialty-pharmacy/how-works>
- 7) <https://www.insupport.com/specialty-product/buy-bill/how-works>