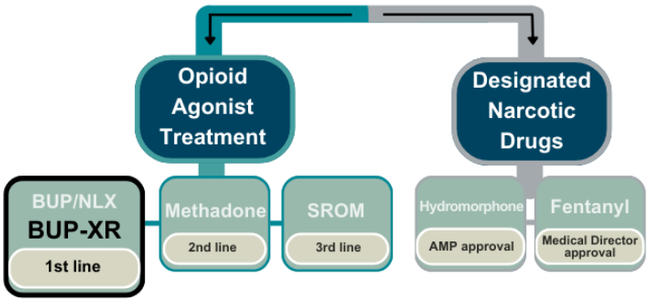
Buprenorphine Extended Release (BUP-XR)

For the Treatment of Opioid Use Disorder (OUD)

Opioid Dependency Treatment (ODT) Intensity Continuum

Lower Intensity → Higher Intensity

Withdrawal Management | **Opioid Agonist Treatment (OAT)** | **Designated Narcotic Drugs (DND)**

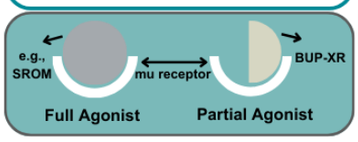


People may use different medications along the treatment continuum at various times depending on their preferences, comorbidities, treatment goals, efficacy of the medications, and life circumstances. Buprenorphine extended-release (BUP-XR) is one such treatment that can be used alone or in combination with other ODT medications. Health care providers and individuals need to work together to explore the available treatment options and determine the most suitable intervention based on the individual's unique needs. This personalized approach is essential for successful treatment outcomes, reducing the risk of unregulated opioid use, and mitigating any potential harm.

BUP-XR, commonly referred to as Sublocade®, is the first line of treatment for individuals with opioid use disorder. BUP-XR has a superior safety profile due to its ceiling effect for respiratory depression and fewer side effects and medication interactions.

PHARMACODYNAMICS

BUP-XR is a semi-synthetic opioid that works by partially activating the mu-opioid receptor. It has a strong affinity for the receptor, but its intrinsic activity (or the extent of its activation) is lower compared to other full opioids. The partial agonism of BUP-XR, combined with a slow dissociation, allows for a long-lasting effect that can relieve pain and/or withdrawal symptoms. This partial agonism also limits other pharmacologic effects, such as euphoria, drowsiness, respiratory depression, gastrointestinal issues, changes in circulation, constriction of the pupils, histamine release, and physical dependence.



ADMINISTRATION

Before starting BUP-XR, an individual must complete a preliminary period on a daily oral BUP/NLX. This period is necessary to assess tolerance, monitor for adverse reactions, and manage withdrawal symptoms. Once individuals are stabilized on sublingual BUP/NLX for a minimum of 7 days, they can switch to the monthly BUP-XR treatment. BUP-XR is available in two dosage strengths: 100mg/0.5ml and 300mg/1.5ml. A qualified health care professional administers BUP-XR as an abdominal subcutaneous (SC) injection. The injection is given as a liquid and turns into a solid gel called a depot inside the body. The depot gradually releases buprenorphine at a sustained rate throughout the month.

BUP-XR is for subcutaneous injection only. Do not inject intravenously, intramuscularly, or intradermally.

Individuals may experience a lump at the injection site that can take several weeks to decrease in size.

Each individual should be provided with harm reduction resources and education, including a community based naloxone kit and information on where to access Supervised Consumption Services.

CAUTIONARY POPULATIONS

Pregnancy: Consider expert consultation prior to initiation. Contraceptives are encouraged while on BUP-XR.
Moderate or Severe Hepatic Impairment: Use with caution
Geriatric: use with caution; Monitor for sedation and respiratory depression.
Pediatric: No data is available for pediatric populations.

CONTRAINDICATIONS

- Hypersensitivity to buprenorphine.
- Severe respiratory insufficiency (e.g., acute or severe bronchial asthma, chronic obstructive airway, status asthmaticus, acute respiratory depression)
- Severe hepatic impairment.
- Acute alcoholism or delirium tremens.
- Known or suspected mechanical gastrointestinal obstruction (e.g., bowel obstruction or strictures) or any diseases/conditions that affect bowel transit.
- Monoamine oxidase (MAO) inhibitors (within 14 days).
- Convulsive or seizure disorders.
- Congenital long QT syndrome or QT prolongation at baseline
- Uncorrected hypokalemia, hypomagnesemia, or hypocalcemia.

SUBLOCADE® INDUCTION

STEP 1 - INITIATE SUBOXONE®

ENGAGEMENT Individual presents for treatment → **SCREENING** Assess whether BUP-XR is an appropriate treatment option. → **SCREENING** Confirm opioid use through urine drug screen. Perform a pregnancy test and discuss contraceptive options.

ENGAGEMENT & ASSESSMENT
*A UDS not to be used punitively but to facilitate open communication.

BUP/NLX INITIATION (x 7 days) Individuals should be titrated with BUP/NLX until they are stabilized and reach a therapeutic dose between 8-24 mg/day.

Assess for Benzodiazepine contamination:
- Hx of hallucinations, seizures, disorientation when decreasing opioid use
- Nausea, vomiting, sweating, restlessness, not relieved with buprenorphine/naloxone.
- Use of at least 2pts of fentanyl per day

NO Continue to monitor for withdrawal symptoms.

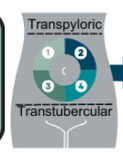
YES Consider **Diazepam** for daily dispense: 5mg TID x 2 days; 5mg BID x 2days; 5mg OD x 2 days; then stop.

STEP 2 - INITIATE SUBLOCADE®

Remove Sublocade® from the refrigerator prior to administration. The product requires at least 15 minutes to reach room temperature. Do not open the foil pouch until the individual has arrived for their injection.

ENGAGEMENT Individual presents for BUP-XR treatment. → **ICE PACK** Provide an ice pack to numb the abdomen prior to injection. → **GET READY** Remove the pre-filled syringe and safety needle from the packaging.

PREPARE Choose an injection site on the abdomen between the transpyloric and transtubercular planes, with adequate subcutaneous tissue.



CLEAN & INJECT Clean the injection site with an alcohol swab. Pinch the skin around the injection area and lift the adipose tissue from the underlying muscle. Insert the needle fully into the subcutaneous tissue, and use a slow, steady push to inject the medication.

STEP 3 - DOSING SCHEDULE

INITIATE Sublocade® treatment at 300 mg for 2 months, with a minimum of 26 days between doses.

3 — 300 mg — FOR — 2 — 2 Months — THEN — 1 — 100mg per month

INITIATION *MAINTENANCE*

CONTINUE Sublocade® treatment at 100 mg monthly and assess for withdrawal.

*Some individuals may require doses of 300mg for longer than 2 months.

WITHDRAWAL SYMPTOM MANAGEMENT

It is not uncommon for individuals to experience breakthrough withdrawal symptoms in the first month.

Gabapentin helps manage withdrawal - related aches and pains.
Dose: 300mg PO TID

Loperamide helps manage withdrawal-related diarrhea.
Dose: 4 mg (2 tabs) PO initially, then 2 mg (1 tab) PO after each loose bowel movement (max daily dose: 16 mg)

Clonidine helps relieve sweating, diarrhea, vomiting, abdominal cramps, anxiety, and irritability.
⚠ **HR** <60bpm and/or **BP** <90/60mmHg
Dose: 0.1-0.2 mg PO Q4-8H PRN

Clonazepam helps reduce seizure activity.
Dose: 0.5 mg PO Q6-8H PRN

BUP/NLX for breakthrough withdrawal symptoms, in addition to BUP-XR
Dose: 2mg BID or TID PRN

References

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