Buprenorphine Extended-Release Injection Discharge Information for Primary Care

Date: _____

Patient: _____

Dear _____

This patient has been started on **buprenorphine extended-release injection**, hereafter *depot buprenorphine* (trade name Sublocade®).

Buprenorphine is a long-acting opioid that prevents withdrawal symptoms and limits cravings for opioids. Buprenorphine has a higher affinity for the opioid receptors than other opioids and blocks the effect or "high" of full-agonist opioids that are used concurrently, which further helps people reduce their use. Buprenorphine does not cause someone to become ill if they use opioids. Buprenorphine has a *ceiling effect*; there is no additional risk for respiratory depression above a certain dose, making it a good alternative to methadone. It also has fewer drug interactions and less QT-prolonging effect than methadone. Long-term buprenorphine use is associated with improved health outcomes and reduced overdose rates.

Depot buprenorphine is administered as a once-monthly subcutaneous injection. This removes the need for frequent clinic or pharmacy visits, allowing the person more freedom to focus on other aspects of their life. It also provides higher and more stable serum levels than sublingual buprenorphine and avoids the risks and complications associated with missed doses. Patients must be stabilized on at least 8 mg of sublingual buprenorphine prior to receiving the injection. Depot buprenorphine requires two initial loading doses of 300 mg/1.5 mL 28 days apart. The dose can then be maintained on 300 mg/1.5 mL or reduced to 100 mg/0.5 mL every 28 days (determined by individual considerations).

Therapeutic results are best when this medication is combined with counselling and/or community support.

Clinical considerations:

- Depot buprenorphine is given as a subcutaneous injection into the abdomen, where a small firm depot can often be palpated. It dissolves slowly over time. Though the injection is given monthly, it is not unusual for the depot to be palpable longer than one month after the injection.
- People should be advised not to pick, poke, or scratch at their injection site or the depot.
- Administration can cause a painful stinging or burning sensation. This pain resolves quickly after administration. Ongoing complaints of pain or irritation, as well as any redness or swelling at the injection site, should be flagged for further attention and to rule out infection and ulceration.
- During buprenorphine treatment, acute pain management with opioid medications may require higher than expected doses to reach a therapeutic effect. Adjunct medication options are recommended.
- Depot buprenorphine is not currently recommended in pregnancy. Patients should be counselled about potential fetotoxic effects of depot buprenorphine in pregnancy and offered contraception where indicated. If a patient is at risk for pregnancy, pregnancy testing should be completed before dosing. Should pregnancy occur while receiving depot buprenorphine, an addiction or addictions-obstetrics specialist should be consulted.

- There is no required frequency for urine drug testing for patients on depot buprenorphine. It is always helpful to revisit the risk of combining this medication with other substances that are sedating such as alcohol, benzodiazepines, and other illicit substances. Evidence of these substances in a urine drug test should prompt a conversation with your patient around their substance use and safety.
- Additional doses of sublingual buprenorphine tablets can be provided for people experiencing withdrawal or cravings while on depot buprenorphine. This is most likely to occur during their first month of treatment. If this does occur, the prescriber may also choose to provide the second injection of depot buprenorphine early, off-label.
- People that continue high-risk opioid use (i.e., use of fentanyl, intravenous administration) while receiving depot buprenorphine should be considered for transition to methadone or slow-release oral morphine. This transition is best completed by an experienced addictions provider.

Follow-up plan:

- Depot buprenorphine [300 mg / 100 mg] was last administered on _____
- An appointment has been scheduled for the next dose of [300 mg / 100 mg] on _____ at _____ [CLINIC].
- [Your patient has been given an additional buprenorphine-naloxone sublingual prescription of _____ _____]

Depot buprenorphine can be safely provided in primary care. Prescribers must complete an online certification, available at **https://www.sublocadecertification.ca/**.

For ongoing substance-related support, please contact your local rapid access addiction medicine (RAAM) clinic at

_____

Sincerely,

_____

Phone: _____ Fax: _____