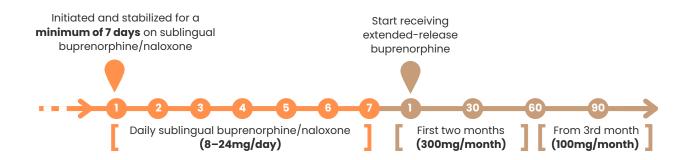


Extended-release Buprenorphine Guidance

This document provides a high-level overview on the guidance of extended-release buprenorphine for the treatment of opioid use disorder (OUD). For full guidance please refer to the BC Centre on Substance Use's <u>A Guideline for the Management of Opioid Use Disorder</u>. The manufacturer of Sublocade requires that all prescribers interested in prescribing Sublocade complete training through <u>www.sublocadecertification.ca</u>. The manufacturer's product monograph provides additional information on Sublocade.

- Extended-release buprenorphine is an extended-release formulation of buprenorphine that is administered monthly via abdominal subcutaneous injection
- Indicated for adults (age 19 years) who have been initiated and stabilized on sublingual buprenorphine/naloxone
- Two dose strengths: 100mg/0.5ml and 300mg/1.5ml

GENERAL INITIATION AND DOSING INFORMATION



- Individuals should generally be initiated and stabilized on sublingual buprenorphine/naloxone (8–24mg/day) for a minimum of 7 days prior to receiving extended-release buprenorphine
 - If needed, more rapid transition to extended-release buprenorphine may be feasible and may facilitate treatment retention
- Individuals starting extended-release buprenorphine should be prescribed 300mg for the first two months, followed by a maintenance dose of 100mg/month from the 3rd month
 - Note: People who have been stable on 8mg/2mg-18mg/4.5mg of sublingual buprenorphine/naloxone may begin to receive their maintenance dose of 100mg/month once a month after a single induction dose of 300mg
- Prescribers may consider providing supplemental sublingual buprenorphine/ naloxone for individuals who continue to experience opioid withdrawal and cravings
- At the discretion of the treating prescriber, the maintenance dose may be increased to 300mg/ month if the person experiences ongoing opioid cravings or ongoing unregulated opioid use while on a 100mg/month maintenance dose
- Extended-release buprenorphine doses must be administered monthly
 - Aminimum length of 26 days is required between doses



















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MISSED DOSES

- Up to 2 weeks delay in monthly injection (i.e., up to 42 days after last dose)
 - Occasional delays of up to 2 weeks are not expected to significantly impact treatment effect
 - If a person misses a monthly extended-release buprenorphine injection, they should receive their next dose as soon as possible, and monthly injections should be resumed thereafter
- More than 2 weeks delay in monthly injection (i.e., >42 days after last dose)
 - Re-induction is warranted
 - Person should be restarted on sublingual buprenorphine/naloxone followed by a rapid transition to extended-release buprenorphine















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