Buprenorphine Long-Acting Injection (SUBLOCADE) for Opioid Use Disorder: Nurse Administration

Site Applicability

PHC Acute Care, Long Term Care (LTC), Rapid Access Addiction Clinic (RAAC), Crosstown Clinic, and John Ruedy Clinic (JRC)

Practice Level

RN, RPN, LPN: Basic skill with additional education

- Watch how to administer the buprenorphine long-acting injection video supplemented with the information in this DST
- Unit-specific education with Nurse Educator or Addiction Medicine Consult Team (AMCT) team member where available

Requirements

Stabilization on buprenorphine-naloxone

- Patients* must be initiated on, and demonstrate tolerance to, an equivalent of at least 8 mg (dose based on buprenorphine) of transmucosal (sublingual or buccal) buprenorphine-naloxone (SUBOXONE) before starting buprenorphine long-acting injection to avoid precipitated withdrawal.

  *patient: refers to patient, client, or resident receiving care

Funding

A minimum of 48 hours prior to the planned buprenorphine long-acting injection start date:

- Must confirm that the patient has a medication coverage (e.g. Pharmacare) in place. The prescriber or clinical pharmacist can contact the PharmaNet Help Desk (604-682-7120) to confirm coverage. Buprenorphine long-acting injection is a regular benefit medication and fully covered under Plan C, G, and Z.
- If the patient does not have Pharmacare coverage because they do not have active MSP, the prescriber or clinical pharmacist can submit an Application for Exceptional Plan Z Coverage of Opioid Agonist Treatment (OAT), which provides 6 months of exceptional medication coverage. This exceptional coverage is not renewable. The patient must enroll in MSP to be eligible for regular Plan Z thereafter, which includes coverage for all OAT.

Secure Storage

The medication must be securely stored in:

- A locked medication fridge connected to Automated Dispensing Cabinet (ADC, aka Omnicell® Flex Lock), or
- A lock box in a medication fridge.

Need to Know

- Prior to removing buprenorphine long-acting injection from the refrigerator ensure that the client is present, consenting and prepared, and that the clinician is prepared so that the medication can be administered, as it may be wasted if cold chain is broken.
- Buprenorphine long-acting injection (SUBLOCADE) is indicated for patients with moderate to severe opioid use disorder. Buprenorphine is a partial opioid agonist with high affinity for opioid receptors and replaces other opioids (e.g. morphine, fentanyl). Buprenorphine long-acting injection is a formulation of buprenorphine administered as a once monthly subcutaneous injection.
- Patients must be initiated on and demonstrate tolerance to an equivalent of at least 8 mg of transmucosal buprenorphine-naloxone before starting buprenorphine long-acting injection to avoid precipitated withdrawal.
- The **only approved safe administration site for injection is the abdomen**. The medication is prepared and administered by healthcare providers using only the syringe and safety needle included with the product.
- **SUBLOCADE injections can be quite painful. It is important to provide ice or a cold pack to apply to the area/planned injection site for 10 to 15 minutes before the injection.** If requested by the patient and ordered by provider, pre-treatment analgesia (acetaminophen, ibuprofen, or lidocaine-prilocaine cream) may also be administered.
- Long-acting injectable buprenorphine **must not** be injected intravenously (IV), intramuscularly (IM) or intradermally. Severe harm or death can result if injected IV. Buprenorphine long-acting injection contains Atrigel® which forms a solid mass upon contact with body fluids, therefore it can cause tissue damage and thromboembolic events if administered IV.
- Doses are to be administered 26 to 42 days apart (typically every 28 days). Some patients may require PRN transmucosal buprenorphine-naloxone to treat cravings or withdrawal.
- Buprenorphine long-acting injection is intended to be used in conjunction with psychosocial interventions and harm reduction education.

Transportation and storage of buprenorphine long-acting injectable

- Must maintain a temperature between 2°C to 8°C during transportation of buprenorphine long-acting injectable from pharmacy to the unit/care area. Once the medication arrives on the unit, the medication must be stored immediately in a locked and secured medication fridge to maintain temperature. In acute care pharmacy staff will deliver and stock the medication in the unit's narcotic fridge or lockbox in the medication fridge.
- Returning unused doses:
    - Before removing the dose from the refrigerator, ensure that the client is consenting, available and ready. If a dose cannot be administered:
        - In acute care – return the medication to the Automated Dispensing Cabinet (ADC aka Omnicell)'s external return bin, and contact pharmacy at local 62173 for urgent collection.

        - At RAAC and Long Term Care - return the medication to the fridge immediately, and then arrange for the dose to be returned to pharmacy as soon as possible.
    - If the medication has been outside of the fridge for more than 15 minutes do not return it to the fridge, it will remain stable at room temperature for 7 days.
        - At RAAC and Long Term Care apply a label to the packaging indicating the date and time the medication will expire (in 7 days). After 7 days out of the fridge, the dose must be wasted.
- In areas where the refrigerator temperature is externally monitored, the fridge temperature must be checked and documented at least once per day following unit procedure per the Temperature Monitoring of Medication Cold Storage.

Equipment and Supplies

- Analgesia (patient-specific order)
- Ice or cold pack
- Alcohol swab
- 2 x 2 gauze
- Adhesive bandage
- Sharps container
- Medication in pre-filled syringe

Procedure

Prior to Medication Administration

1. If patient has a uterus and the AMCT has ordered a pregnancy test, confirm that the test has been conducted and that the result is **negative.**
    a. Contact the prescriber immediately if the pregnancy test is positive as buprenorphine long-acting injectable contains a solvent that is a known teratogenic. Do not administer the dose until you have further direction from the prescriber.
2. **First Dose:** Confirm with AMCT and/or clinical pharmacist that the patient has received/been stabilized on transmucosal buprenorphine-naloxone prior to administering buprenorphine long-acting injection.
   Outpatients & LTC: Nurse can review prescriptions or orders, or medication administration record (MAR), and check with the patient to confirm that they have received at least 7 days of transmucosal buprenorphine-naloxone.
3. **Maintenance Doses** (with every 4 week injection)
    a. Confirm date of last dose and injection site to ensure that between 26 to 42 days have passed since last injection (or as directed by prescriber). Use last injection site to determine which site is due for next injection. Rotate injection sites in a clockwise manner 1 to 2 inches from umbilicus. See Appendix A.
    Inpatients/LTC: Review AMCT and/or clinical pharmacist note in Cerner for details (or MAR if patient was admitted at the time of the last injection).
    Outpatients: Confirm with prescriber and/or check PharmaNet in addition to another

source of verification (e.g. PARIS, Profile EMR, MAR and/or contact appropriate community provider as well as ask the patient).

b. Assess past injection sites for any irregularities (e.g. abscess, ulceration, necrosis) and inform prescriber of any abnormal findings.
    i. Palpate previous injection sites for lipoma-like mass (soft, movable, painless). Mass may be palpable for 3 to 4 months and is expected.

c. Discuss patient preference for analgesia with administration and create a plan for the time frame required in advance of the injection.

Administration

1. Verify prescriber order to determine dose strength.
   Buprenorphine long-acting injectable is provided in a pre-filled syringe with a 19 gauge 5/8th inch (16 mm) needle. There are two dose strengths:
    - 100 mg/0.5 mL
    - 300 mg/1.5 mL
2. Verify patient is present and prepared to receive their dose. Remove buprenorphine long-acting injectable from the fridge. The medication requires at least 15 minutes to reach room temperature prior to administration. Check expiry date on both the carton and foil pouch label. Do not remove the foil pouch until immediately prior to administration.
    - Once the medication is removed from the fridge for 15 minutes it cannot be returned to the fridge (see transportation and storage).
3. Administer oral analgesia as ordered pre-procedure and 10 to 15 minutes before medication administration apply ice or cold pack to the area/planned injection site.
4. Confirm patient identity using two identifiers as per policy. Have patient lie in supine position (recommended) for the injection.
    - Advise patient that the needle is large and the injection can be painful. An initial burning sensation may be felt at the time of injection due to the Atrigel® solution coming into contact with body heat. The pain should decrease in 10 minutes and fully resolve within 30 minutes.
5. Immediately prior to administration, open the foil pouch and examine pre-filled syringe for colour and consistency of the medication and the presence of any particulates. Buprenorphine long acting injectable is viscous and ranges from colourless to yellow to amber and should not contain particulates. Do not administer and follow up with pharmacist if colour or consistency are not as expected or if particulates are seen.
6. Attach the needle supplied by the manufacturer to the syringe. Twist the needle clockwise to ensure that it is firmly attached.
7. Check patient-specific medication label against the patient ID and prescriber order. Barcode scan the patient's identification band and the medication and ensure all rights of medication administration have been followed as per Medication Administration Policy.

LTC: Check resident-specific medication label against the prescriber order and MAR. Confirm correct resident using two approved identifiers.

8. Identify and clean abdominal subcutaneous injection site with an alcohol swab and allow to dry. Do not choose an injection site where skin is irritated, bruised, infected or scarred, or one where clothing (e.g. waistband) could rub or irritate the site. See Appendix A.
9. With needle pointing upwards (bevel up), remove cap and slowly depress plunger to express any air (if needed) being careful not to expel any medication. Small bubbles are not a concern.
10. Pinch skin over subcutaneous site and raise enough to accommodate the size of the needle and to reduce the risk of the needle entering any underlying muscle.
11. Fully insert needle into the subcutaneous tissue. Angle of injection will depend on the amount of subcutaneous tissue. The medication is very viscous - use a steady push to inject the medication while maintaining pinch with the other hand.
12. Remove needle at same angle as insertion. Let go of pinched tissue after needle fully removed.
13. Dispose of syringe in sharps container.
14. Do not rub the injection site after injection. There may be a small amount of blood or fluid at the site. Wipe with gauze before applying a bandage if needed, using minimal pressure.

Post-Dose Care and Follow-up

Following initial (first) dose:

- Advise patient to remain in clinic or on unit for 20 minutes after initial dose to monitor for signs of anaphylactic or allergic reaction.
- Verify that the daily transmucosal buprenorphine-naloxone prescription has been discontinued or tapered as per prescriber's orders. Any PRN transmucosal buprenorphine-naloxone will require a new order from the prescriber.

Subsequent doses:

- **Inpatients**: If patient remains admitted to hospital, prescriber will order next dose when it is due. If patient is discharged before next dose is due, AMCT will arrange follow-up appointment and liaise with community pharmacy.
- **LTC**: Prescriber will order buprenorphine long-acting injection as a recurring order every 28 days. To ensure continuity of care, if the resident moves out of the home, prescriber to contact AMCT for direction for follow up.
- **Rapid Access Addiction Clinic & John Ruedy Clinic:** Schedule next visit 4 weeks post dose (liaise with prescriber as needed). Enter a second appointment in EMR calendar 4 days prior to next scheduled dose for nurse to phone patient to remind them of appointment and ensure prescription and funding coverage are in place (see site-specific workflow process for details).
- **Crosstown Clinic:** Update the injection list in shift report. Crosstown Pharmacy will keep track of when next dose(s) is due.

Missed doses:

If a patient declines a dose or misses their appointment:

- Notify prescriber that patient has declined dose or missed appointment.
- If a dose was missed, administer next dose as soon as possible, within 2 weeks of last due date (earlier than day 42). If more than 2 weeks from last due date (day 43 onward), patient will need to be assessed urgently by prescriber.
- If the patient does not receive their dose, document that the dose was not administered in the patient's chart.

Documentation

- Document assessments, interventions and patient and family education provided in a narrative note.

  Inpatients: Document administration on the MAR, including location of administration and lot number.

  Outpatients: Document in EMR per site-specific processes. This note should include the plan for subsequent doses that has been reviewed with the patient.

  LTC: Document on the MAR including location of administration, and lot number. Record next injection date on nursing reminder sheet. Update Care Plan in Momentum Care Organizer.
- Document medication administration on the MAR or site-specific medication record including the medication and dose administered, route, injection site and lot number.
- Ensure that the specific injection site is documented so that the site for subsequent injections can be rotated (e.g. "lower left quadrant").

Patient and Family Education

- Inform patient that daily transmucosal buprenorphine-naloxone prescription will be discontinued or tapered after first dose of injectable buprenorphine based on prescriber orders.
- Reinforce that it may take 4 to 6 months to stabilize on buprenorphine long acting injectable and that transmucosal buprenorphine-naloxone PRN may be prescribed to help with managing cravings and withdrawal during this time.
- Inform patient that some mild discomfort or pain is expected at the injection site for 1 to 2 days after injection and it is to be expected that they may have a palpable lump where the medication was injected for several weeks that will decrease in size over time.
- Instruct patient not to rub, massage or apply pressure to the injection site and to avoid wearing restrictive clothing, belts or waistbands that may rub on the site.
- Explain the risks of using other medications or substances with sedating effects such as benzodiazepines, GHB (gamma-hydroxybutyrate), alcohol and/or opioids.
    - For acute pain consider non-opioid analgesics (e.g. acetaminophen, NSAIDS) whenever possible.

- If the patient has a uterus, review options and support and/or facilitate access to contraceptive management based on patient goals and preference.
- In the event of an emergency, tell patients to inform treating provider(s) or Emergency Department staff that they are being treated with buprenorphine long-acting injection.
- In outpatient settings, ensure patient has clinic phone number to call outside of scheduled appointments if concerned about injection site (pain, pruritus, erythema, abscess, ulceration, necrosis), adverse events or withdrawal.
- Refer patient to social work and other psychosocial or cultural supports as needed
- Provide harm reduction education, supplies and take home naloxone training and kit as needed

Related Documents

1. Indivior UK Limited. (2018, November 20). Product monograph including patient medication information – ^{N}SUBLOCADE^{TM} Buprenorphine extended-release injection. https://pdf.hres.ca/dpd_pm/00048406.PDF
2. B-00-12-10006 – Temperature Monitoring of Medication Cold Storage
3. B-00-13-10183 – Buprenorphine/naloxone (SUBOXONE) for Opioid Use Disorder
4. B-00-13-10175 – Dispensing Naloxone Kits to Clients at Risk of Opioid Overdose (Adults and Youth)
5. BD-00-12-40091 – Anaphylaxis: Initial Emergency Management (Adult and Pediatric)
6. B-00-13-10179 – Naloxone Administration in the Management of Suspected Opioid Overdose in Acute Care Without a Provider Order
7. B-00-11-10125 – Philosophy of Care for Patients and Residents Who Use Substances (policy)
8. BCD-11-11-40002 – Patient, Client and Resident Identification (policy)
9. BCD-11-11-41006 – Medication Administration Policy
10. BC College of Nurses and Midwives: Medication Administration
11. BC Centre on Substance Use/Ministry of Health Guideline for the Clinical Management of Opioid Use Disorder

Additional Education

- LearningHub Course: Buprenorphine-naloxone (suboxone)
- UBC CPD Addiction Care and Treatment Online Course (free)
- BC Centre for Substance Use Webinar Series: Sublocade

References

1. British Columbia Centre on Substance Use. (2020, May 11). *Sublocade (extended release buprenorphine) information*. BC Centre on Substance Use. https://www.bccsu.ca/wp-content/uploads/2020/05/Bulletin-Sublocade_0511.pdf
2. Indivior UK Limited. (Revised – 2021, March). *Highlights of prescribing information | SUBLOCADE (buprenorphine extended-release) injection, for subcutaneous use, CIII.* https://www.sublocade.com/Content/pdf/prescribing-information.pdf
3. Indivior UK Limited. (2021). *Sublocade® (buprenorphine extended-release) injection, for subcutaneous use (CIII) 100mg ・300mg.* https://www.sublocade.com

Definitions

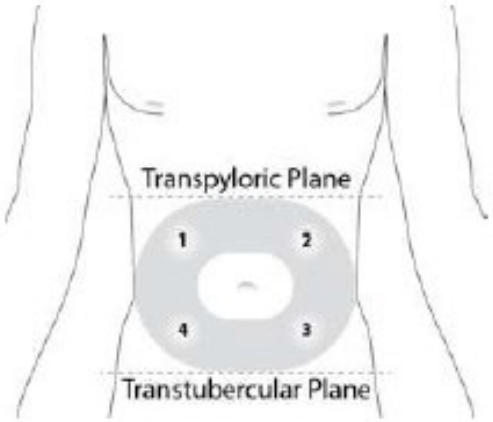
Partial opioid agonist: partial agonist opioids, such as buprenorphine, activate the opioid receptors in the brain, but to a much lesser degree than a full opioid agonist (e.g. methadone, morphine)

Precipitated withdrawal: precipitated withdrawal can occur when someone is given an initial dose of buprenorphine-naloxone when they are not in moderate to severe opioid withdrawal. In this circumstance, the high affinity, partial opioid agonist buprenorphine will displace the full agonist opioid (e.g. heroin, fentanyl, morphine) from the receptors causing a rapid decrease in receptor activity and the precipitation of opioid withdrawal symptoms

Appendix A – Injection site location and rotation

Choose an injection site on the abdomen between the transpyloric and transtubercular planes with adequate subcutaneous tissue that is free of skin conditions (e.g. nodules, lesions, excessive pigment).

To avoid irritation, rotate injection sites following a pattern similar to the illustration below. Record the location for the injection to ensure a different site is used at the time of the next injection.



(Source: Indivior UK Limited, 2018, Product Monograph: https://pdf.hres.ca/dpd_pm/00048406.PDF)

Persons/Groups Consulted

Medical Lead, AMCT

AMCT Physician & MSJ Consultant

Clinical Pharmacy Specialist, AMCT

Clinical Nurse Leader, Rapid Access Addiction Clinic

Crosstown Clinic Coordinator

Practice Consultant, Medication Safety and Management

Medication Safety Pharmacist

Clinical Pharmacy Specialist, Opioid Stewardship, SPH

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