Buprenorphine Long Acting Injection: (SUBLOCADE) for opioid use disorder: Nurse Administration (Acute)

Site Applicability

VCH Acute Care (including Tertiary Mental Health)

Practice Level

RN, RPN: Basic skill with additional education

- Unit-specific education with Clinical Nurse Educator or Addictions Team provider/nurse where available
- "Initiating SUBLOCADE Injection" video supplemented with the information in this DST

Requirements

Patients must be stabilized on transmucosal (sublingual or buccal) buprenorphine-naloxone at a dose of 8 mg to 24 mg (dose based on buprenorphine) for at least seven (7) days prior to receiving buprenorphine long acting injection to avoid precipitated withdrawal.

Need to Know

SUBLOCADE is a long acting formulation of buprenorphine administered as a monthly subcutaneous injection approved for use in patients with moderate to severe opioid use disorder (OUD). 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.

The **only approved administration site for injection is the abdomen**. Serious complications including thrombo-embolic events and death can occur from injecting buprenorphine long acting injectable intravenously due to the ATRIGEL solution (see Appendix A).

There should be 26 to 40 days in between any two doses, depending on prescriber order and patient metabolism of medication. In some cases, patients may require PRN sublingual buprenorphine-naloxone doses to treat cravings or withdrawal until steady plasma concentrations are reached, which may take up to 4 to 6 months.

Buprenorphine long acting injectable is intended for use in conjunction with psychosocial interventions and harm reduction education.

The safety risk of buprenorphine long acting injectable in pregnant women is not yet known. Patients with a uterus should be supported to explore contraceptive management options.

Funding

Patients can receive buprenorphine long acting injectable if they meet eligibility criteria in the hospital since it is a formulary drug. However, a Special Authority Request form should be submitted with a Plan G form (if applicable) to ensure that the patient has access to the drug when discharged from hospital.

With Special Authority approval, buprenorphine long acting injectable is a full benefit for Pharmacare plans C, G and W, all other plans may be subject to a deductible.

Pharmacy

The patient's pharmacy or community clinic should be contacted in advance of the injection date to discuss the switch from sublingual buprenorphine-naloxone to buprenorphine long acting injectable, to ensure the patient's community pharmacy is aware of the planned transition and is knowledgeable on how to obtain the product.

The in-patient clinical pharmacist will create a plan in advance for a prescription to clearly outline:

- Date the prescription will be dispensed
- Who will pick up or deliver the medication to the program/unit
- Confirm secure medication storage and cold chain management procedures are in place
- Any other information necessary to meet College of Pharmacists of BC (CPBC) requirements

Transportation and Storage

Cold chain procedures must be maintained during transportation of buprenorphine long acting injectable from the pharmacy to the unit.

Buprenorphine long acting injectable comes from pharmacy and must be stored at 2 to 8°C either in:

- a locked compartment within a fridge, in a locked staff only area, or
- a locked fridge, in a staff only area.

Fridge temperatures must be monitored. Any breaks in cold chain, i.e., fridge temperature outside 2 to 8°C, must be reported to pharmacy and nursing leadership. Any medications in the fridge during the break in cold chain must be marked to indicate the cold chain break.

Remove buprenorphine long acting injectable from the fridge at least 15 minutes prior to administration if the patient is present and prepared to receive their dose; once the medication has been removed from cold chain for 15 minutes it **cannot be returned to the fridge**. The date and time the medication is removed from cold chain should be written on the medication label.

If the buprenorphine long acting injectable has been outside of the fridge for more than 15 minutes, it **will remain stable for 7 days**. 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.

Guideline

Assessment

Prior to transitioning patient to buprenorphine long acting injectable dose:

1. Review buprenorphine long acting injectable education with patient.
2. Ensure the Special Authority Request and/or Plan G forms have been completed and submitted so that patient has access to the drug after discharge. Liaise with Social Worker when appropriate.
3. Confirm with provider and/or clinical pharmacist that patient has been stabilized on transmucosal buprenorphine-naloxone daily dose of 8mg to 24mg for at least 7 days prior to administering buprenorphine long acting injection.
4. If the patient has a uterus, confirm pregnancy test is negative.
5. Discuss patient preference for analgesia (e.g. oral and topical) with the medication administration and create a plan for the time frame required in advance of actual medication administration.

Prior to Administration

1. If the patient has a uterus, confirm pregnancy test is negative.
2. **For first dose**, ensure patient has received sublingual buprenorphine-naloxone daily dose prior to administration.
3. **For maintenance doses:**
    a. Confirm date of last dose with provider and/or clinical pharmacist; ensure 26 to 40 days have passed since the last confirmed injection unless otherwise directed by prescriber order.
    b. Review previous documentation to confirm the abdominal quadrant(s) where the medication was last administered and which site is due for the next injection (rotate injection sites). See Appendix B.
    c. Palpate previous injection sites for lipoma like mass (soft, movable, painless), mass may be palpable for 3 to 4 months and is considered normal.
    d. Assess the past injection sites for any irregularities.

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, usually given as follows:
    - 300 mg/1.5 mL (monthly x 2 doses); then,
    - 100 mg/0.5 mL (monthly)
2. If 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. 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. Confirm patient identity using two identifiers as per policy. Have patient lie in supine position (recommended) for the injection.
4. Administer oral analgesia (e.g. acetaminophen) and topical anesthetic (e.g. lidocaine/prilocaine cream) as ordered pre-procedure, and apply ice or cold pack to the area/planned injection site 15 minutes pre-procedure.
    - Advise patient that the injection can be uncomfortable. An initial burning sensation may be felt at the time of injection due to the ATRIGEL solution encountering 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 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 wristband and prescriber order (Cerner site only: 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.
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 B.
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. Use a steady push to inject the medication while maintaining pinch with the other hand. The medication is **viscous** so requires a bit of **extra force to inject** the medication. A lump at the injection site will often occur – this is normal.
    * Feedback from patients receiving SUBLOCADE is that a slower injection and room temperature medication decreases pain (e.g. 1.5 mL over 1 minute).
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

1. Instruct the patient not to apply pressure to the site, and avoid rubbing of waistband or belt on the site. A lump at the injection site can last for several weeks and will decrease in size over time (as the medication is slowly released).
2. **For first dose,** notify pharmacy that buprenorphine long acting injectable was administered and confirm daily sublingual buprenorphine-naloxone is discontinued or tapered as per prescriber orders.
3. Any sublingual PRN buprenorphine-naloxone will require a **new** order from the prescriber, as needed.
4. Monitor the patient for 15 minutes post initial dose signs of an allergic reaction.
5. Assess for signs of withdrawal and/or cravings as needed. If signs of withdrawal or cravings present, consult prescriber for sublingual PRN buprenorphine-naloxone or other medications.

Care Plan

1. Assess for signs of withdrawal and/or cravings as needed using Clinical Opiate Withdrawal scale.
2. Ensure a follow up appointment between 26 to 30 days post initial dose has been booked so patient will receive ongoing maintenance doses, liaise with prescriber and/or addictions team as needed.
3. Provide culturally safe care that includes access to Spiritual Care Practitioners and or the Indigenous Patient Experience Team
4. Assess need for harm reduction education, supplies, and take home naloxone.

Missed Doses

- If a patient refuses a dose:
  - Document that the dose was not administered in patient medical record and contact prescriber.
  - Keep dose stored in the secure fridge or return to pharmacy as per site specific workflow.
- Review goals with patient and interest in continuing buprenorphine.

Patient and Family Education

- Instruct patient that daily sublingual buprenorphine-naloxone will be discontinued after first dose of injectable based on prescriber instructions.
- Remind them that it may take 4 to 6 months to completely stabilize on buprenorphine long acting injectable and oral buprenorphine-naloxone PRN or other medications can be prescribed and help during this time.
- An initial burning sensation may be felt at the time of injection due the ATRIGEL (parenteral controlled release system) solution coming into contact with body heat.

- Review that mild discomfort or pain is expected at injection site 1 to 2 days after injection.
- Instruct patient to avoid belts or waistbands over injection site.
- Reassure them it is normal to be able to palpate the injection site or medication and remind them not to apply pressure to the site.
- Review risks of using other depressants such as benzodiazepines, GHB, alcohol and/or opioids.
- For acute pain, use non-opioid analgesics (e.g. acetaminophen, NSAIDs) whenever possible.
- In the event of emergency, inform the treating healthcare provider or emergency room staff of buprenorphine long acting injectable treatment.
- Ensure patient is aware of who to call outside of scheduled appointments if concerned about injection site, adverse effects or withdrawal.
- If the patient has a uterus, review options and support access to contraceptive management based on goals and preference.

Related Documents

Guidelines, Procedures, Resources

- Buprenorphine long acting (SUBLOCADE) injection orders (REGIONAL)
- Dispensing or Distributing Take Home Naloxone Kits to be used for Suspected Opioid Overdose (Adults and Youth) (D-00-04-30055)
- BCCNM Medication Administration
- BCCSU Overview of Sublocade Administration – What you need to Know (Video)
- BCCSU Guideline for Clinical Management of Opioid Use Disorder
- Management of Suspected Opioid Overdose (Adult and Youth) (D-00-04-30056)
- Sublocade Product Monograph (Indivior)

References

British Columbia Centre on Substance Use. Sublocade (Long acting Buprenorphine) Information. [Online] 05 11, 2020. [Cited: 06 18, 2020.] https://www.bccsu.ca/wp-content/uploads/2020/05/Bulletin-Sublocade_0511.pdf.

College of Pharmacists of British Columbia (2020). *Sublocade: Information for Pharmacists*.

Sublocade: Information for Pharmacists | College of Pharmacists of British Columbia (bcpharmacists.org)

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Definitions

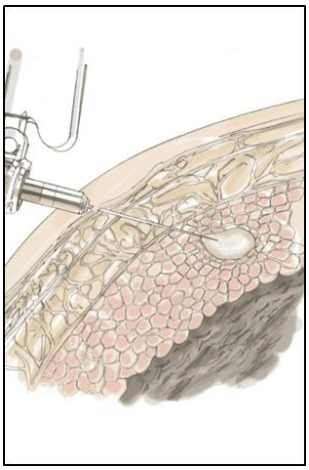
Cultural Safety: means reducing barriers to care, increasing the quality and safety of services, positively impacting patterns of service utilization, improving clinical outcomes and decreasing disparities in health status between Indigenous and non-Indigenous people.

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

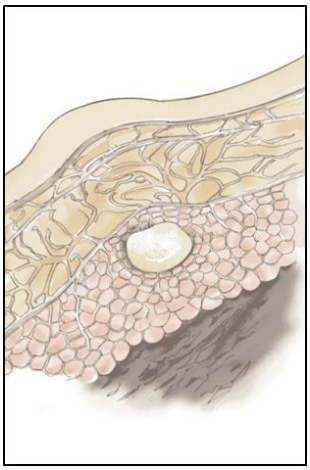
Appendix A: ATRIGEL

(Adapted from: Discover More Resources for You and Your Sublocade® Patients)



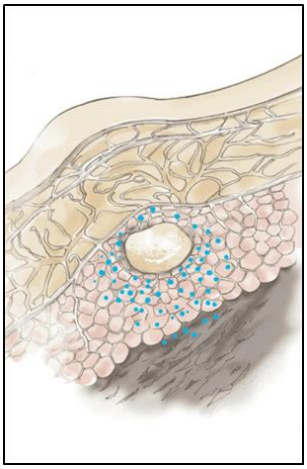
Administration

SUBLOCADE is administered as an injection into the abdominal subcutaneous tissue (Total Volume: 0/5 mL for 100 mg and 1.5 mL for 300 mg).



Depot Formation

SUBLOCADE is injected as a liquid, and upon contact with body fluids, the ATRIGEL delivery system forms a solid depot containing buprenorphine.



Continuous Release

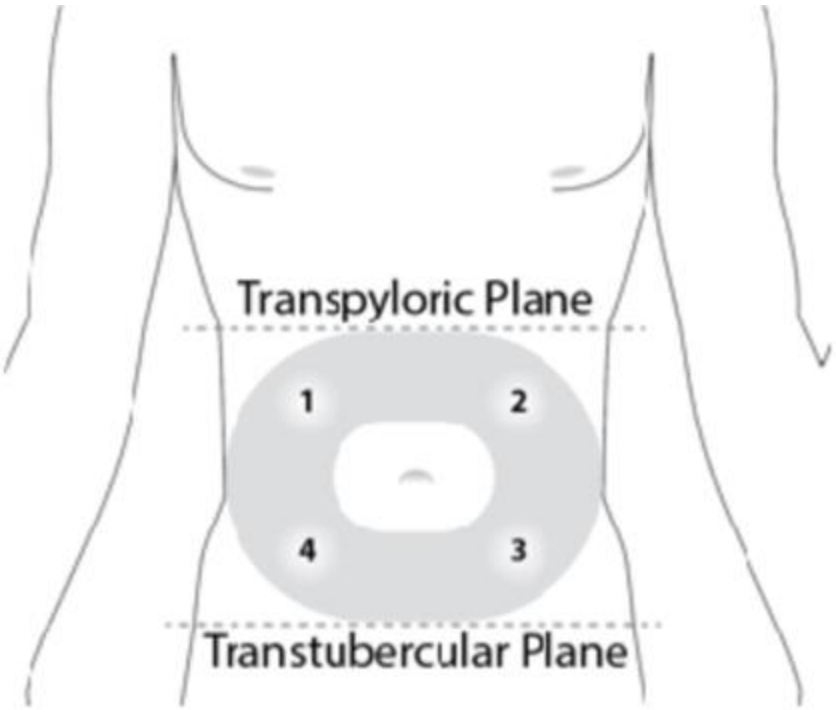
After initial formation of the depot, buprenorphine is released via diffusion from, and the biodegradation of, the depot.

Appendix B: Injection site location and rotation

(Adapted from: Buprenorphine extended-release injection)

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 in below. Record the location of the injection to ensure that a different site is used at the time of the next injection.



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