Buprenorphine extended-release injection: Nurse Administration Guideline (Community)

Site Applicability

- VCH community programs providing substance use services

Practice Level

- RN , RPN and LPN: Basic skill

Need to Know

Buprenorphine is a partial opioid agonist with a high affinity for the mu receptor and low intrinsic activity. Sublocade is an extended-release formulation of buprenorphine administered as a monthly subcutaneous injection approved for use in clients with moderate to severe opioid use disorder (OUD) (1).

Individual client risk factors need be identified and reviewed prior to buprenorphine extended-release injectable being prescribed, including people without an established history of opioid tolerance, pregnant women (potential risk of fetal harm due to the excipient N-Methylpyrrolidone), older adults, those with severe renal or hepatic impairment, respiratory disease, and interacting medications and/or substances (e.g. alcohol, benzodiazepines, MAOIs) may be at increased risk for adverse outcomes (2).

Per the product monograph, clients must be initiated on sublingual buprenorphine/naloxone and stabilized on a dose of 8 to 24 mg per day for 7 consecutive days prior to initiating buprenorphine extended-release injectable (1). Precipitated withdrawal may occur if buprenorphine extended-release injectable is administered to clients who use opioids and who are not already stabilized on buprenorphine/naloxone (2). Efficacy of transitioning clients on doses higher than 24 mg of buprenorphine/naloxone has not been established.

The only approved administration site for buprenorphine extended-release injectable is the subcutaneous areas of the abdomen (2). Serious complications including thrombo-embolic events and death can occur from injecting buprenorphine extended-release injectable intravenously due to the Atrigel solution (1).

There should be 26 to 40 days in between any two doses, depending on prescriber order and client metabolism of medication.

Some clients may require PRN sublingual buprenorphine/naloxone doses for use in conjunction with buprenorphine extended-release injectable until steady plasma concentrations are reached, which may take up to 4 to 6 months [2].

Clients will be provided with education prior to initiating therapy to ensure buprenorphine extended-release injectable aligns with their current recovery and wellness goals. Buprenorphine extended-release injectable is intended for use in conjunction with psychosocial interventions and harm reduction education. People with a uterus should be supported to explore their contraceptive management options.

Funding

An urgent Special Authority Request form must be submitted with a Plan G form (if applicable) minimum 48 hours prior to the planned buprenorphine extended-release injectable start date. With Special Authority approval, buprenorphine extended-release injectable is a full benefit for Pharmacare plans C, G and W, all other plans may be subject to a deductible [1].

Special Authority for buprenorphine extended-release injectable will only be approved if a client has been stabilized on a dose of 8 to 24 mg sublingual buprenorphine/naloxone for at least 7 days and they have a diagnosis of moderate to severe OUD [1]. Initiation on to buprenorphine extended-release injectable does not restrict Pharmacare coverage for sublingual buprenorphine/naloxone; clients can be prescribed both medications at the same time.

Pharmacy

The client's or program's pharmacy should be contacted in advance of the injection date to discuss the switch from sublingual buprenorphine/naloxone to buprenorphine extended-release injectable, to ensure the pharmacy is aware of the planned transition and is knowledgeable on how to obtain the product from the manufacturer. Pharmacies must be registered to order Sublocade from the manufacturer and advance notice is required to ensure this is set up.

The VCH program and community or in-patient pharmacy should create a plan in advance for each prescription to clearly outline:

- Date the prescription will be dispensed
- Who will pick up or deliver the medication to the program
- 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 extended-release injectable from the pharmacy to the program.

A Nurse must accept the delivery of buprenorphine extended-release injectable when it arrives at the clinic/site. Once received, buprenorphine extended-release injectable 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 locked staff only area [(2)].

Fridge temperature must be monitored and the maximum or minimum temperatures documented at least once per day. Any breaks in cold chain, fridge temperature outside 2 to 8°C, must be reported to leadership. Any medications in the fridge during the break in cold chain must be marked to indicate the cold chain break.

Remove buprenorphine extended-release injectable from the fridge at least 15 minutes prior to administration if the client is present and prepared to receive their dose [(2)], once the medication has been removed from cold chain for 15 minutes it can't be returned to the fridge. The date and time the medication is removed from cold chain should be written on the medication. If buprenorphine extended-release injectable has been warmed to room temperature (15 to 30°C) it will remain stable for 7 days and will need to be wasted if not used within 7 day period [(2)].

Guideline

Assessment

Community Programs - prior to transitioning client to buprenorphine extended-release injectable dose:

1. Review buprenorphine extended-release injectable education with client.
2. Ensure the Special Authority and/or Plan G forms have been completed and submitted (minimum 48 hours prior to first scheduled dose).
3. Review prescriptions or order and Pharmanet to ensure client has been stabilized on sublingual buprenorphine/naloxone daily dose of 8 to 24mg for at least 7 days, contact prescriber with any concerns.
4. If the client has a uterus, confirm most recent pregnancy test is negative.
5. Discuss client preference for analgesia 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 client has a uterus, confirm pregnancy test is negative.

2. **For first dose**, ensure client has received sublingual buprenorphine/naloxone daily dose prior to administration.
3. **For maintenance doses:**
    a. Confirm date of last dose on Pharmanet, PARIS, Profile EMR, MAR and/or contact appropriate provider, 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 A.
    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. Review subcutaneous injection procedures on Elsevier as needed.
    - **Copy and paste** following link to **Google Chrome** to review skill on Elsevier:

    https://login.elsevierperformancemanager.com/systemlogin.aspx?virtualName=VancouverCoastalHealth&hhc_url=https%3A%2F%2Flms.elsevierperformancemanager.com%2FContentArea%2FNursingSkills%2FGetNursingSkillsDetails%3FskillKeyId%3D375%26skillId%3DGN_21_4
2. 1 hour prior to injection, apply topical analgesia to injection site 1 to 2 inches from umbilicus and apply a clear dressing and/or administer oral OTC analgesia as per client preference. (see Appendix A)
3. At least 15 minutes prior to administration, remove buprenorphine extended-release injectable from the fridge and check the client specific label against the prescription, check the expiry date.
4. 5 minutes pre-procedure apply ice or cold pack to the area.
5. Immediately prior to administration, open the sealed buprenorphine extended-release injectable packaging and attach the 19 Gauge 5/8-inch needle supplied by manufacturer to syringe containing medication.
6. Assess colour and consistency - buprenorphine is honey coloured and viscus in consistency. If not, medication should not be administered.
7. With needle pointing upwards, slowly depress plunger of prefilled syringe to remove any air if needed being careful not to spill any medication. Small bubbles may remain and are not a concern.
8. Have client lie in a supine position for the injection.
9. Remove clear dressing and clean injection site with alcohol swab and allow to dry fully.
10. Pinch skin over subcutaneous site and raise enough to accommodate size of needle and reduce risk of needle entering muscle underneath.

11. Insert needle at 45 degree angle and inject over 15 to 60 seconds while maintaining pinch with other hand.
12. Remove needle at same angle and let go of pinch after needle fully removed.
13. Lightly dab injection site with gauze if needed. Do not apply pressure to site.
14. Cover site with small bandage if needed.
15. Document in individual's health record (electronic or paper) in accordance with organization and regulatory body standards, ensuring injection site quadrant is clearly indicated.

Post dose

1. Instruct the client not to apply pressure to the site, and avoid rubbing of waistband or belt on the site.
2. **For first dose,** notify pharmacy that buprenorphine extended-release injectable was administered and confirm daily sublingual buprenorphine/naloxone is discontinued or tapered as per prescriber orders.
3. Any PRN sublingual buprenorphine/naloxone will require a new order from the prescriber, as needed.
4. Monitor the client for 20 minutes post initial dose signs of an allergic reaction.
5. Assess for signs of withdrawal and/or cravings 48 hours post dose. If signs of withdrawal or cravings present, consult prescriber for PRN buprenorphine naloxone or other medications.

Care Plan

1. Schedule a check-in to assess for signs of withdrawal and/or cravings within 48 hours post dose.
2. Schedule a follow up appointment within 2 weeks from the first injection date, liaise with prescriber as needed.
3. Schedule a second follow up appointment between 26 to 30 days post initial dose to receive ongoing maintenance doses, liaise with prescriber as needed.
4. Assess if client is experiencing any withdrawal symptoms and consult with prescriber as needed.
5. Identify psychosocial interventions, review client goals.
6. Assess need for harm reduction education, supplies, and naloxone.
7. The prescriber will schedule follow up appointments in addition to the above nursing appointments at their discretion.

Missed Doses

- If a client refuses a dose or misses their appointment:

  - Document that the dose was not administered in client medical record.
  - Keep dose stored in the secure fridge or return to pharmacy as per program specific workflow.
- If a dose is missed, administer next dose to client as soon as possible. If greater than 40 days have passed since last dose, contact prescriber to make sure they are aware and to create a care plan.
- Review goals with client and interest in continuing buprenorphine.

Client and Family Education

- Instruct client that daily sublingual buprenorphine/naloxone will be discontinued or tapered after first dose of injectable based on prescriber instructions.
- Remind them that it may take 4 to 6 months to completely stabilize on buprenorphine extended-release injectable and oral buprenorphine/naloxone PRN can be prescribed and help during this time.
- An initial burning sensation may be felt at the time of injection due the Artrigel 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 client 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 that the client is being treated with buprenorphine extended-release injectable.
- Ensure client has clinic phone number or clinic nursing number to call outside of scheduled appointments if concerned about injection site, adverse effects or withdrawal.
- If the person has a uterus, review options and support access to contraceptive management based on client goals and preference.

References

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

2. **Indivior UK Limited.** Product Monograph - Sublocade. [Online] 11 20, 2018. [Cited: 06 18, 2020.] https://pdf.hres.ca/dpd_pm/00048406.PDF.

Related Documents

Guidelines, Procedures or Forms

- Dispensing or Distributing Take Home Naloxone Kits to be used for Suspected Opioid Overdose (Adults and Youth) (D-00-04-30055)
- Management of Suspected Opioid Overdose (Adult and Youth) (D-00-04-30056)
- VCH Community Medication Standard (D-00-15-30004) - Secure medication transportation and storage
- BCCNM Medication Administration
- Overdose Prevention Safety Planning SOP (D-00-16-30375)

Appendices

- Appendix A: Injection site location and rotation

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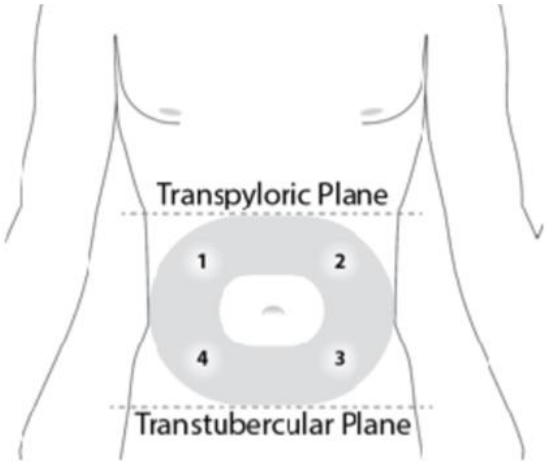
Choose an injection site on the abdomen between the transpyloric and transtubercular planes with adequate subcutaneous tissue that is free of skin conditions (e.g., nodules, lesions, excessive pigment) [2].

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.



First Released Date:	12-MAR-2021
Posted Date:	26-OCT-2022
Last Revised:	26-OCT-2022
Last Reviewed:	12-MAR-2021
Approved By: *(committee or position)*	VCH
	Endorsed by: *(Regional SharePoint 2nd Reading)* Health Authority Professional Specific Advisory Council Chairs (HAPSAC) Health Authority Interprofessional Advisory Council Chairs (HAIAC) VCH Operations Directors VCH Professional Practice Directors **Final Sign Off:** Vice President, Professional Practice & Chief Clinical Information Officer, VCH
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