Sublocade (Subcutaneous Extended-Release Buprenorphine)

Training for Providers and Clinicians

Objectives

- **Understand Sublocade’s REMS program and its requirements**
- **Review dosing regimens for various circumstances**
- **Review Sublocade administration**
- **Understand Sublocade’s unique adverse effects and mitigation strategies**

***Please note presentation does not contain general buprenorphine education**

Introduction to Sublocade

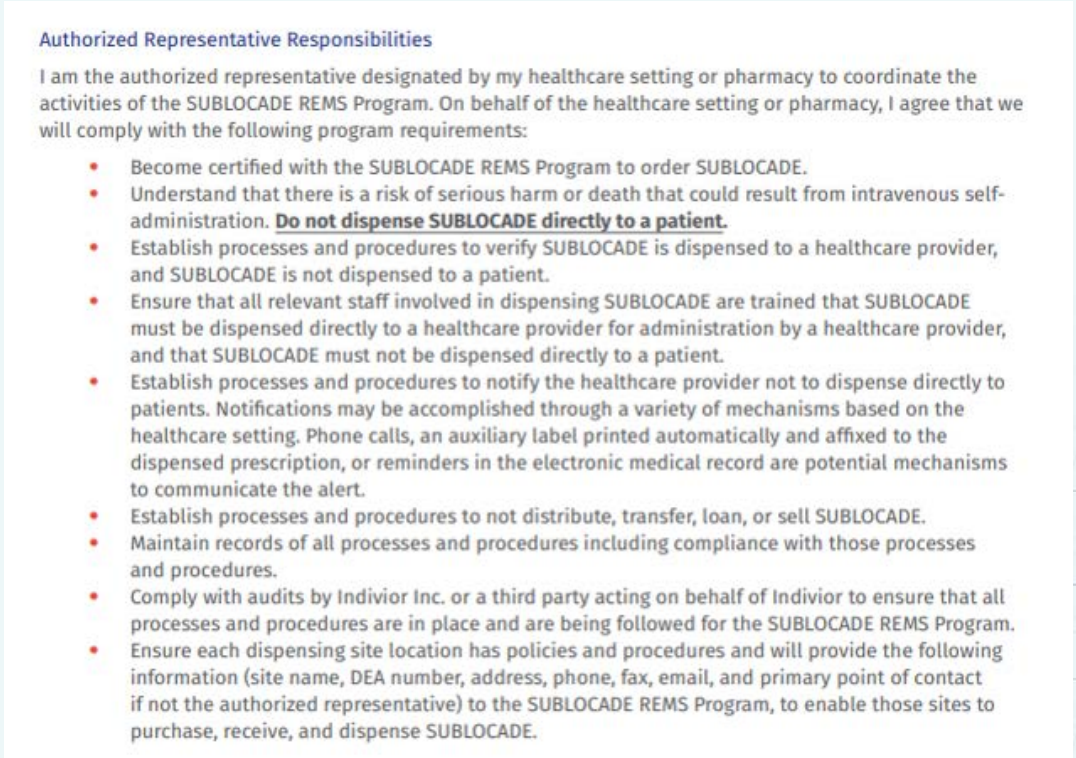
- **Subcutaneous injectable form of buprenorphine**
- **REMS program registration required**
- **To be dispensed only to a healthcare provider- never prescribed directly to a patient**
- **Indicated for patients with moderate to severe Opioid Use Disorder (OUD)**
- **Provider MUST have X-waiver to order**

	Suboxone	Vivitrol	Sublocade
Active Ingredients	Buprenorphine & Naloxone	Naltrexone	Buprenorphine
Dose Format	SL Film (Daily)	IM Injection (Monthly)	**SQ Injection** (Monthly)
Stabilize on oral therapy before starting?	No	No	**Yes** (transmucousal buprenorphine)
Can be Self-Administered?	Yes	No	No

Sublocade REMS Program

Outpatient clinics are registered for REMS program under an institutional DEA

[Clinic Name] serves as the Authorized Representative for the Sublocade REMS program and is responsible for the following:



Authorized Representative Responsibilities

I am the authorized representative designated by my healthcare setting or pharmacy to coordinate the activities of the SUBLOCADE REMS Program. On behalf of the healthcare setting or pharmacy, I agree that we will comply with the following program requirements:

- Become certified with the SUBLOCADE REMS Program to order SUBLOCADE.
- Understand that there is a risk of serious harm or death that could result from intravenous self-administration. **Do not dispense SUBLOCADE directly to a patient.**
- Establish processes and procedures to verify SUBLOCADE is dispensed to a healthcare provider, and SUBLOCADE is not dispensed to a patient.
- Ensure that all relevant staff involved in dispensing SUBLOCADE are trained that SUBLOCADE must be dispensed directly to a healthcare provider for administration by a healthcare provider, and that SUBLOCADE must not be dispensed directly to a patient.
- Establish processes and procedures to notify the healthcare provider not to dispense directly to patients. Notifications may be accomplished through a variety of mechanisms based on the healthcare setting. Phone calls, an auxiliary label printed automatically and affixed to the dispensed prescription, or reminders in the electronic medical record are potential mechanisms to communicate the alert.
- Establish processes and procedures to not distribute, transfer, loan, or sell SUBLOCADE.
- Maintain records of all processes and procedures including compliance with those processes and procedures.
- Comply with audits by Indivior Inc. or a third party acting on behalf of Indivior to ensure that all processes and procedures are in place and are being followed for the SUBLOCADE REMS Program.
- Ensure each dispensing site location has policies and procedures and will provide the following information (site name, DEA number, address, phone, fax, email, and primary point of contact if not the authorized representative) to the SUBLOCADE REMS Program, to enable those sites to purchase, receive, and dispense SUBLOCADE.

Sublocade REMS Program

Why does Sublocade have a REMS Program?

- Upon administration, Sublocade forms a solid mass with body fluids

- **If given intravenously, the patient is at risk for:**
  - **Thromboembolic events (i.e. pulmonary embolism) which could lead to death**
  - Vascular occlusion (blockage of vessel) resulting from the solid mass
  - Tissue damage due to blocked blood supply

- Risk of serious injection site reactions are increased with inadvertent intramuscular or intradermal administration

- **Do not administer Sublocade intravenously, intramuscularly, or intradermally**

Sublocade REMS Program

What are Sublocade's REMS Program requirements?

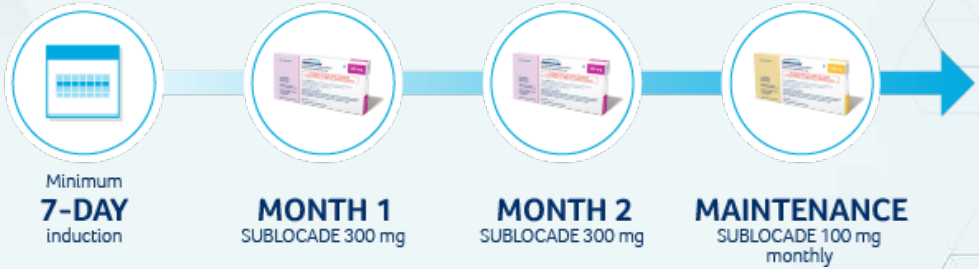
- **Do NOT dispense Sublocade directly to a patient**
  - Accidental intravenous self-administration may cause serious harm or death

- **Establish procedures so Sublocade is only dispensed to a healthcare provider**

- **Ensure that all staff are trained:**
  - In dispensing Sublocade to ensure it is dispensed only to a healthcare provider
  - In administering Sublocade to ensure it is given subcutaneously

Sublocade Dosing

- **Induction with oral buprenorphine:** Initiated and stabilized with 8 to 24 mg of oral buprenorphine-containing product (Subutex, Suboxone, etc.) for a minimum of 7 days
- **Initial dose of Sublocade:** Inject 300 mg SQ monthly for the first 2 months
- **Maintenance dose:** Inject 100 mg SQ monthly
  - May continue 300 mg SQ monthly for patients who tolerate the 100 mg dose but do not have an adequate response
- **Administer doses ≥ 26 days apart**



Sublocade Dosing

Transitioning from Long-Term Oral Buprenorphine Treatment:

- **Oral buprenorphine 8-18 mg:**

	Month 1	Month 2	Month 3	Maintenance
Sublocade Dose	300 mg	100 mg*	100 mg	100 mg

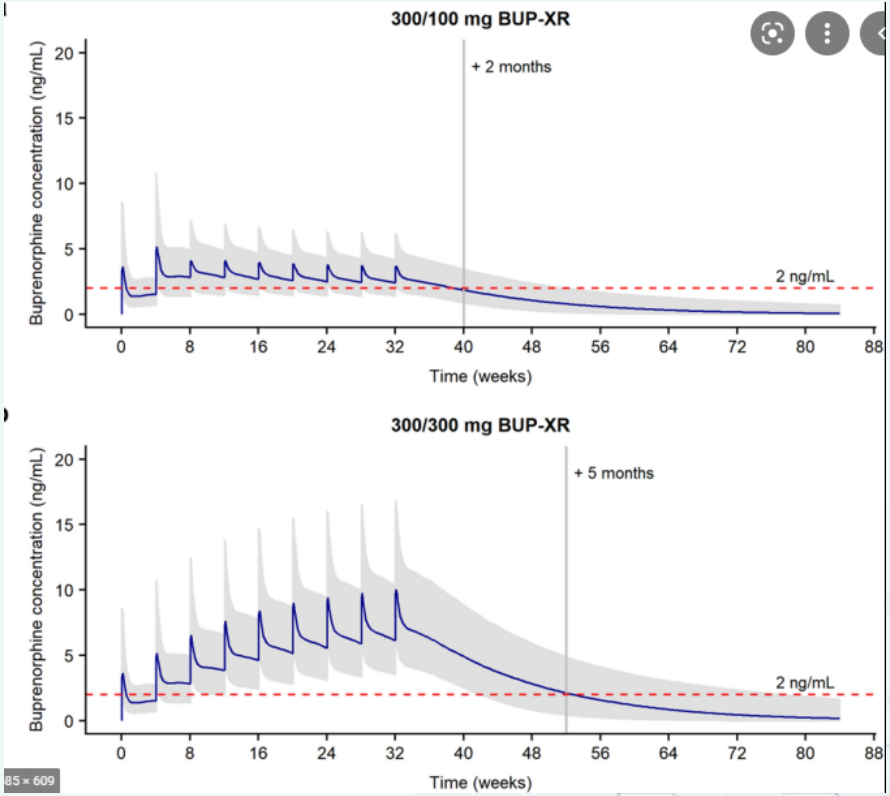
*May consider 300 mg for second injection if patient is still experiencing craving or withdrawal symptoms after initial dose

- **Oral buprenorphine 20-24 mg:**

	Month 1	Month 2	Month 3	Maintenance
Sublocade Dose	300 mg	300 mg	100 mg	100 mg

Sublocade Pharmacokinetics

Phase III data showed that target therapeutic concentrations of ≥ 2–3 ng/mL were achieved and maintained over the entire treatment duration with the BUP-XR 300/100-mg dosing regimen. The 300/300-mg dosing regimen provided steady-state concentrations of ≥5 ng/mL, which were reached after approximately six injections. Because of the slow-release characteristics of BUP-XR, peak-to-trough fluctuations were low compared to peak-to-trough fluctuations for SL buprenorphine which were 223–271% based on observed data in Study 1.



Jones, A.K., Ngaimisi, E., Gopalakrishnan, M. et al. Population Pharmacokinetics of a Monthly Buprenorphine Depot Injection for the Treatment of Opioid Use Disorder: A Combined Analysis of Phase II and Phase III Trials. Clin Pharmacokinet 60, 527–540 (2021). https://doi.org/10.1007/s40262-020-00957-0

Sublocade Dosing

- **Missed dose:** Administer dose as soon as possible
  - Delays of up to 2 weeks are not expected to impact treatment
  - Patients should restart initial dosing of Sublocade if delay is greater than 2 weeks

- **Extended interval dosing** (i.e. extended travel)**:** Patients established on a maintenance dose of 100 mg monthly may receive a single 300 mg dose to cover a 2-month period, then can resume100 mg monthly dose
  - Caution patients that they may experience an increase in adverse effects with higher dose

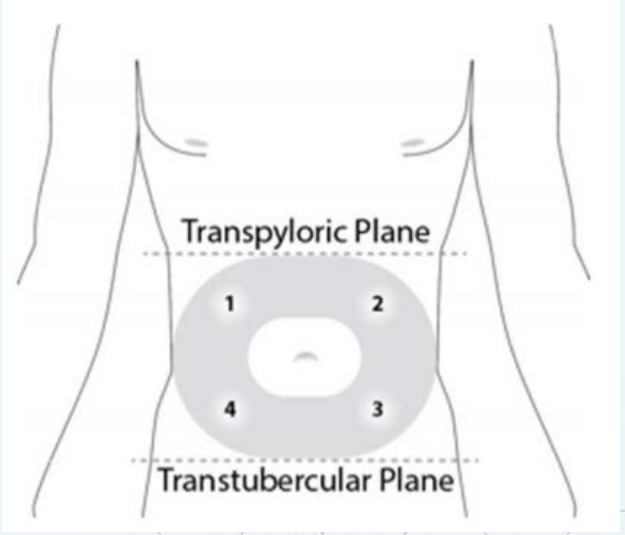
Sublocade Administration

- Administer injection as an abdominal **subcutaneous injection only**
- DO NOT administer **intravenously, intramuscularly, or intradermally** due to risk of serious harm or death

Sublocade Administration

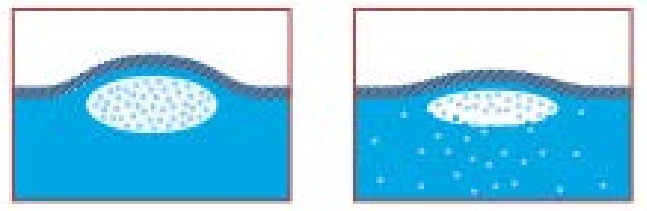
- **Syringe and safety needle included with product**
  - Each dose is a clear, colorless to yellow-amber solution
  - Should be taken out of fridge 15 minutes prior to administration

- **Inject between transpyloric and transtubercular planes**
  - Inject in area free of skin conditions (e.g. nodules, lesions, excessive pigment)
  - Do not inject into skin that is irritated, bruised, infected or scarred
  - Rotate injection site between injections
    - Suggest giving 300mg dose in lower quadrants due to more fatty tissue in area which can help reduce injection-site pain



Sublocade Administration

- **Solid depot forms after injection and will gradually release buprenorphine over a month**
  - Patient may have a lump for several weeks
  - Lump will decrease in size over time
  - Advise patient **not** to rub or massage the injection site



Sublocade Injection Site Pain Mitigation Strategies

7.2% of patients experience injection site pain

Mitigation strategy if patient requests:

- Local 1% lidocaine infiltration: 2-5 minutes prior to injection
- Topical lidocaine-prilocaine cream: 60 minutes prior to injection

Sublocade Side Effects

Same side effect profile as oral buprenorphine <u>plus</u>

- Injection site pain
- Injection site reaction
- Increased liver enzymes
- Fatigue

Sublocade Key Points

- **REMS program registration required to obtain Sublocade**
  - Institutional DEA is registered so providers just need to be X-waivered and approved clinic location to order
- **NOT to be administered IV or IM due to risk of serious harm or death**
- **Administration is <u>subcutaneous ONLY</u>**
- **Must be dispensed to a healthcare provider**

References

1. Sublocade. Prescribing information. Indivior; 2021. Accessed June 18, 2021.
2. Risk Evaluation and Mitigation Strategy (REMS). Sublocade. Accessed June 18, 2021. https://www.sublocaderems.com/
3. Buprenorphine. Lexicomp. Updated June 13, 2021. Accessed June 18, 2021. http://online.lexi.com.ezproxy.library.wisc.edu/lco/action/doc/retrieve/docid/uofwisconsin_f/3680828?cesid=2olPYvLxBMi&searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Dbuprenorphine%26t%3Dname%26va%3Dbuprenorphine
4. Comparison of Commonly Infiltrated Local Anesthetics. UpToDate. Updated 2021. Accessed June 18, 2021. https://www.uptodate.com/contents/image?imageKey=EM%2F56799&topicKey=DERM%2F13780&source=see_link
5. Covino BG, Vasallo HG. Local anesthetics mechanisms of action and clinical use, Grune & Stratton, New York 1976. p.90.

Sublocade Training Knowledge Assessment

Must score 100% to pass

Question 1:

- **What is the route of administration for sublocade?**

  a. Intravenous

  b. Intramuscular

  c. Subcutaneous

  d. Intradermal

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Question 2:

- **You are allowed to dispense Sublocade directly to the patient.**

  a. True

  b. False

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  a. True

  b. False

Question 3:

- **What size is the needle used for Sublocade injection?**

  a. 19 G x 1”

  b. 20 G x 1½”

  c. 25 G x 1”

  d. 19 G x ⅝”

Question 3:

- **What size is the needle used for Sublocade injection?**

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