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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

SUBLOCADE (BUPRENORPHINE EXTENDED RELEASE INJECTION)

UNIVERSITY OF WASHINGTON

VA PUGET SOUND HEALTH CARE SYSTEM

UW Medicine
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Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest?

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SPEAKER DISCLOSURES

✓ No conflicts of interest

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OBJECTIVES

- Goal is to gain a better understanding of Sublocade (long acting injectable buprenorphine) and how to use it
- At the end of this presentation, knowledge should be gained for Sublocade in regards to:

1) Indications
2) MOA
3) Pharmacokinetics
4) Adverse Effects
5) Clinical considerations

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WHICH OF THESE PTS IS THE BEST CANDIDATE FOR SUBLOCADE TREATMENT AT THIS TIME

a) 54 y/o M with OUD who is naïve to treatment with buprenorphine and is ambivalent about initiating treatment
b) 36 y/o M with OUD who was stabilized on 16 mg Suboxone 2 years prior to presentation. Pt was lost to follow up, but is interested in restarting treatment at this time
c) 24 y/o F with OUD in sustained remission who has been stabilized on 16 mg Suboxone daily x 2 years.
d) 41 y/o F with OUD in sustained remission who has been stabilized on Methadone 120 mg daily x 9 months.

OPIOID USE DISORDER

- 11 criteria
- Severity specified by number of criteria met
- Mild 2-3
- Moderate 4-5
- Severe 6 or more

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TREATMENT OPTIONS

- Behavioral interventions
- MAT (medication assisted treatment) more currently referred to as MOUD (medications for opioid use disorder)
  - Partial agonists
  - Full agonists
  - Full antagonists

LIMITATIONS OF TREATMENT OPTIONS

- Partial Agonists: **Nonadherence**, diversion, variable concentration, potential for accidental overdose in pt or family member
- Full Agonists: **Need for daily dosing**, misuse, diversion, nonadherence, potential for overdose in pt or family member
- Full Antagonists: **Treatment discontinuation, required abstinence/detox**, compliance, injection site reactions

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WHAT IS IT?

- Brand name: Sublocade (Buprenorphine extended release injection)
- FDA approved in 2017 for the use of Moderate – Severe OUD
- Uses a gel like substance which is released over an extended period of time

MOA

- Partial agonist at the Mu receptor, and an antagonist at the kappa receptor

INDICATIONS FOR USE

- HCP administered depot formulation of buprenorphine approved for use in individuals with Moderate – Severe OUD in adults who have initiated treatment with a transmucosal buprenorphine containing product at a dose which controls symptoms of withdrawal for atleast **7 days**

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HOW TO OBTAIN SUBLOCADE

- All healthcare settings and pharmacies that dispense sublocade are subject to the Sublocade REMS (risk evaluation and mitigation strategy) program.
- Health care providers who are DATA 2000 waivered can obtain Sublocade via a certified pharmacy if delivered directly to you, or from a distributor if ordered from a certified healthcare setting or pharmacy.

ADMINISTRATION

- Subcutaneously administered to abdomen by a health care provider
- Should never be dispensed directly to a patient due to serious risks associated with IV administration including but not limited to death
- Uses Atrigel system technology

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FORMULATION

- 2 available formulations:
  - 100 mg/0.5 ml
  - 300 mg/1.5 ml
- Available in a single dose, prefilled syringe

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STORAGE

- Refrigerate between 35.6 to 46.4 degrees Fahrenheit
- May be stored in original packaging at room temperature for 7 days outside of refrigeration
- Discard if left out for greater than 7 days prior to administration

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RECOMMENDED DOSING

- 300 mg subQ x 2 months following induction/stabilization on transmucosal buprenorphine, followed by 100 mg monthly thereafter
- Some patients may require increase to 300 mg if symptoms are not well controlled on 100 mg

MONITORING

- Routine urine drug testing
- Baseline LFT functioning prior to initiating treatment, followed by routine monitoring

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CONTRAINDICATIONS

- Known hypersensitivity to Buprenorphine or Atrigel delivery system

SPECIAL POPULATIONS

- Pregnancy
- Comorbid substance use disorders
- Concurrent treatment with CNS depressants
- History of chronic lung disease
- Moderate – Severe hepatic impairment

PHARMACOKINETICS

- Metabolized by CYP 3A4 to its major metabolite Norbuprenorphine
- Buprenorphine is a 2D6 and 3A4 inhibitor
- Excreted via urine and feces
- Half life 43-60 days

KEY STUDIES

- Phase 3 double-blind efficacy and safety study
- Opioid Blockade Study

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PHASE 3 DOUBLE-BLIND EFFICACY AND SAFETY STUDY

- Involved 36 treatment centers in the US
- 504 active participants ages 18-65 who met criteria for a moderate-severe OUD
- Each individual received 2 weeks of sublingual Suboxone followed by 6 months of injections:

  - 100 received volume controlled placebo

  - 504 received 300mg:300 mg

  - 203 received 300mg:300 mg x 2 doses, followed by 100mg:100mg x 4 doses

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KEY FINDINGS

- Abstinence was significantly higher in both active treatment groups
- Active treatment was well tolerated.
- Adverse reactions were similar to other buprenorphine containing products except for injection site reactions

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ADVERSE REACTIONS

- MC reactions: headache, nausea, vomiting, abnormal liver enzymes, constipation, somnolence, sedation

INJECTION SITE REACTIONS

- Most events mild-moderate in severity
- Pruritus most commonly reported, followed by pain and erythema
- Increased incidence with 300:300 mg dose

PROTECTIVE EFFECTS

- 300 mg dose blocks subjective effects of a clinically relevant dose of opioids
- Greater blockade seen after 2 months

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BENEFITS OF TREATMENT

- Improved adherence
- Convenience given monthly dosing
- Decreased likelihood of diversion, abuse, misuse, and accidental OD
- Sustained levels of buprenorphine which are sufficient to block effect of exogenous opioids

LIMITATIONS OF TREATMENT

- Rapid reduction of plasma levels of Buprenorphine is not possible
- Limited options for pain management in the setting of acute pain. If severe enough overriding receptors with Fentanyl is an appropriate option
- Long duration of action

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SUMMARY

- LAI Buprenorphine is new to MOUD options
- Approved for use in moderate-severe OUD in individuals stabilized on transmucosal buprenorphine products for atleast 7 days
- May be ideal for patients with a history of discontinuing treatment/noncompliance
- Significant problems include cost/access

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- Any questions?

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