A GUIDE TO USING EXTENDED-RELEASE BUPRENORPHINE (SUBLOCADE®) IN OPIOID AGONIST THERAPY (OAT)

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Background:
In Canada, opioid agonist therapy (OAT) is the first-line treatment for opioid use disorder and has been proven an effective strategy to lower the incidence of hepatitis C and other drug-related harms in people who inject drugs. Buprenorphine/naloxone, methadone, and slow-release oral morphine (SROM) are standard OAT options but require daily oral administration. Extended-release buprenorphine (BUP-XR), a subcutaneous monthly depot injection, eliminates the need for supervised oral doses of OAT and reduces the number of clinic or pharmacy visits. This guide aims to summarize the available literature and clinical expertise on using extended-release buprenorphine (Sublocade®) to support clinicians in their practice.

Methods:
Using a rigorous rapid review process, current literature has been collected from four medical databases and analysed by 11 outcomes such as treatment retention, opioid and other substance use, quality of life, mental and physical health, treatment satisfaction, craving, withdrawal, pain, adverse events, and costs. Grey literature has also been summarised through a review of clinical practice guidelines in Canada, USA, Australia and Europe. Following the rapid review, the guide was developed with an Expert Review Committee composed of medical doctors and pharmacists.

Results:
BUP-XR is proven as effective as oral buprenorphine±naloxone, with similar treatment retention rates and opioid use. Its greater flexibility helps achieve treatment goals, and results in high satisfaction levels among patients, a lower treatment burden, and a generally improved quality of life.

Conclusion:
The guide presents BUP-XR characteristics, including general principles, eligibility, contraindications and precautions, as well as recommendations for pregnancy and breastfeeding. The *Guide to Using Extended-Release Buprenorphine* is one more step towards meeting people's needs - offering more flexibility that could result in less drug-related harms whileproviding guidance to clinicians.

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