



Transition between sublocade and buvidal

Victorian Opioid Management ECHO
Department of Addiction Medicine
St Vincent's Hospital Melbourne 2021

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

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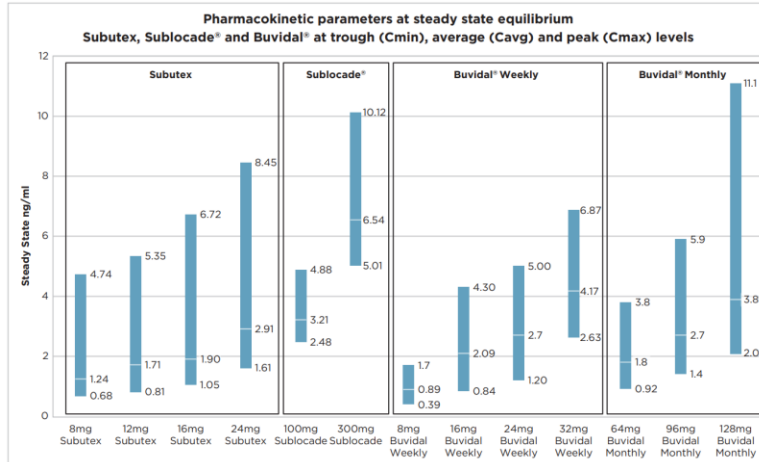
2021

LAIB transfer evidence



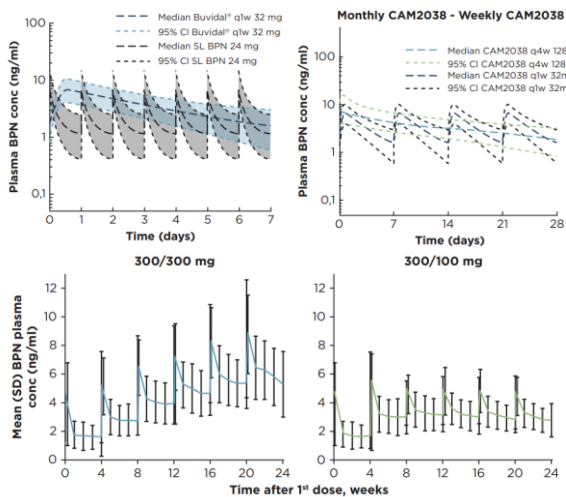
- **Lack of published efficacy data for transfer from one LAIB agent to another**
- **Recommendations based on pharmacokinetic profile**
- **Only published guidelines for LAIB transfers is from NSW guidelines**
 - Australia only country that has access to both buvidal and sublocade currently

Pharmacokinetics



[1] <https://www.health.nsw.gov.au/aod/Publications/full-depot-bupe-interim-gl.pdf>

Pharmacokinetics



- Buvidal 128mg monthly provides a mean minimum buprenorphine concentration of 2.1ng/mL with a maximum buprenorphine plasma concentration of 11.1ng/mL
- Sublocade 300mg provides a mean minimum buprenorphine plasma concentration of 5.0ng/mL and a mean maximum of 10.1ng/mL

Timeframe to withdrawals from steady



Depot BPN	Half-life (at repeated doses)	Likely timeframe for onset of withdrawal symptoms after last maintenance depot dose
Sublocade® 300mg doses,	43 to 60 days	3-9 months
Sublocade® 100mg doses	43 to 60 days	2-6 months
Buvidal® Weekly	3-5 days	Up to 2-3 weeks after last dose
Buvidal® Monthly	19-25 days	Up to 2-3 months after last dose



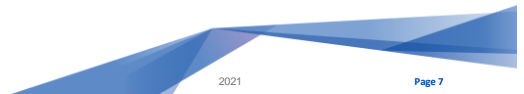
- Indivior (Sublocade) and Camurus (Buvidal) cannot give off label recommendations
- Following recommendations are from NSW guidelines

Sublocade 300mg to Buvidal



- **Patients on stable Sublocade 300mg monthly doses should transfer to Buvidal Weekly 32mg or Buvidal Monthly 128mg.**
- **Patients may experience a decrease in serum buprenorphine levels and may experience opiate withdrawal and/or cravings following transfer to Buvidal**
 - Unlikely to occur given the long half-life of Sublocade.

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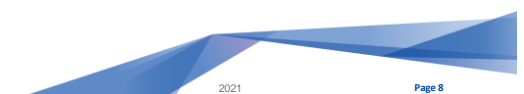


Sublocade 100mg to Buvidal



- **Patients on steady Sublocade 100mg monthly doses shouldn't experience a significant decrease in serum buprenorphine levels when transferring to Buvidal**
 - Commence at Buvidal Weekly 24mg or Buvidal Monthly 96mg and titrate doses up or down as clinically indicated.

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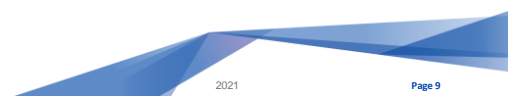


Case



- OUD
- Stabilised on sublocade 300mg
- Received three doses of sublocade 300mg (monthly administration)
- Post third dose developed painful, erythematous lump at injection site
 - Underwent abdominal ultrasound, findings consistent with abscess requiring transdermal drainage
- Decision made to transition to buvidal in light of complication
 - Buvidal 128mg monthly subsequently administered at date of next due sublocade dose (i.e. 1 month interval)
 - Nil significant complications experienced with transition – stable since on buvidal

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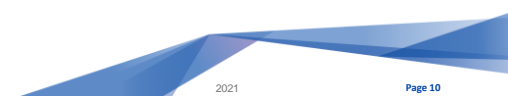


Buvidal to Sublocade



- **Patients on Buvidal Weekly or Buvidal Monthly should be transferred to 100mg Sublocade doses.**
 - In most cases, as the patient already should have adequate buprenorphine plasma levels, the two 300mg 'induction' Sublocade doses should not usually be required.
 - If patients experience significant opioid cravings or withdrawal on this regimen, titrate up to the Sublocade 300mg dose (when available)

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References



- [1] <https://www.health.nsw.gov.au/aod/Publications/full-depot-bupe-interim-gl.pdf>
- [2] <https://apps.medicines.org.au/files/capbuvim.pdf>
- [3] <https://apps.medicines.org.au/files/capbuviw.pdf>

