NSW Health

Transferring from Sublocade to other Opioid Dependence Treatment (ODT) Medications or Completing treatment

Clinical Consensus Guide for ODT prescribers

The manufacturer of SUBLOCADE® will discontinue supply in Australia on 31 December 2026.

This is a commercial decision and not related to safety or efficacy.

ODT prescribers should work with patients to plan their next steps early to support continuity of treatment. Check the dedicated NSW Health webpage for updates.

Based on the most recent evidence, this guidance supersedes all existing guidance on transitioning from Sublocade to other opioid dependence treatment formulations, including the NSW Health Guidance Long-Acting Injectable Buprenorphine for Opioid Dependence Treatment.

Begin planning now to ensure transition from Sublocade is timely

- Do not commence patients on Sublocade.
- Alternative options include transfer to the other available ODT, including long-acting injectable buprenorphine (Buvidal®), sublingual buprenorphine (Suboxone® or Subutex®), transfer to methadone after buprenorphine stabilisation or completion of treatment.

Support patients and communicate with the patient's administration point

- Acknowledge concerns, provide extended notice of the plan to transfer and support shared decision making.
- Reassure patients that they will be supported throughout the transfer, that the transfer is expected to be smooth, and that ongoing clinical review will ensure it remains safe.
- Engage with the patient's administration point (e.g. community pharmacist or clinic), to confirm capacity to dispense, administer and support the transition.
- Patient support is available from the Opioid Treatment Line 1800 642 428 and NUAA Peerline 1800 644 413.
- A patient FAQ is available to support conversations with your patients.

What happens after Sublocade cessation?

- Sublocade has a very long duration of action (half-life 42 days) with effective doses lasting 4-6 weeks. Buprenorphine continues to be released for months after the last dose.
- Withdrawal may take 2-4 months to emerge after last dose of Sublocade and may persist for 3-4 months or more. Withdrawal symptoms are generally mild or may be absent. Some patients may

not recognise symptoms as being related to withdrawal due to their delayed onset. Withdrawal symptoms such as cravings, mood disturbances and sleep problems may be more common than other typical opioid withdrawal signs and symptoms.

- **Encourage patients to continue with treatment unless they are ready to complete treatment.**
- Provide information on withdrawal, overdose risk and Take Home Naloxone (THN).

Options for patients currently on Sublocade treatment:

A. Transfer from Sublocade to Buvidal

- **Buvidal is the alternative long – acting injectable buprenorphine formulation. Reassure patients this is the same medication (buprenorphine) with a similar formulation (i.e. is long-acting).**
- **Transition is likely to be straightforward.**
- **Patients on long term Sublocade 300 mg monthly** can generally transfer to **Buvidal Monthly 128** mg at the time the next Sublocade dose is due. Consider 96 mg if recent high risk sedative use and intoxicated/drug toxicity/overdose presentations. Consider 160 mg if recent transfer to Sublocade 300 mg from 160 mg Buvidal. Buvidal Weekly is not generally recommended as it is unlikely to provide comparable plasma levels to Sublocade 300 mg.
- **Patients on long term Sublocade 100 mg monthly** can transfer to Buvidal Monthly 96 mg at the time the next Sublocade dose is due. Buvidal Weekly 24 mg may be an option for patients wishing to transfer to weekly administration.

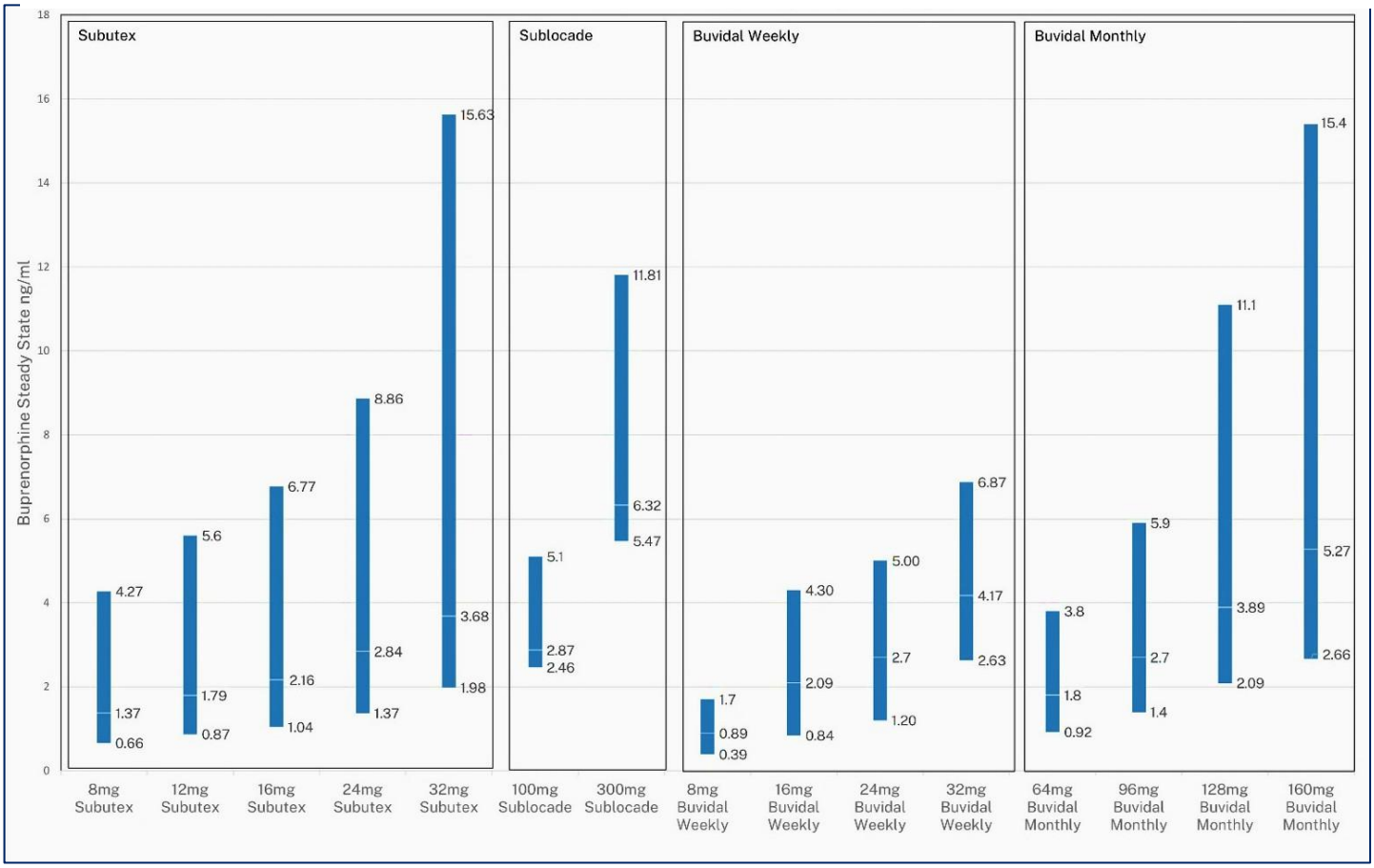
Table 1. Sublocade to Buvidal dose conversion

Sublocade dose	Buvidal Weekly	Buvidal Monthly
Sublocade 300 mg monthly	Not recommended	128 mg Buvidal Monthly (96 mg -160 mg)
Sublocade 100 mg monthly	24 mg Buvidal Weekly	96 mg Buvidal Monthly

(See Figure 1 for comparison of steady state between all buprenorphine formulations.)

- Buvidal Monthly has a shorter duration of action of 3 to 5 weeks. As a result, more frequent dosing with Buvidal may be required than with Sublocade.
- Use 8 mg Buvidal weekly top ups if needed.
- Review patients regularly to discuss dose effects, withdrawal, cravings or side effects (i.e. agitation, headache, severe constipation or injection site reactions). Titrate dose accordingly.
- Report any adverse events due to Sublocade to Buvidal transfer to the TGA.

Figure 1 - Pharmacokinetic parameters at buprenorphine (BPN) steady state equilibrium comparing Subutex, Sublocade and Buvidal C_{min} C_{avg} and C_{max}



[1] **Note:** In Figure 1, Buvidal is represented as a mix of modelled data from Camurus data on file [15] (8 mg and 24 mg Weekly doses and 64 mg and 96 mg Monthly doses) and measured data presented in the European Public Assessment Report for Buvidal [16] (16 mg and 32 mg Weekly doses and 128 mg and 160 mg Monthly doses). All figures presented are geometric means.

B. Transfer from Sublocade to sublingual buprenorphine/ naloxone combination (Suboxone) or sublingual buprenorphine (Subutex)

- Commence low dose sublingual buprenorphine (usually 8 mg) at the time the next Sublocade dose is due. Frequently review and titrate the dose upwards over subsequent days or weeks according to clinical need (i.e. features of withdrawal, craving, intoxication, or use of unprescribed opioids) as Sublocade concentrations gradually subside.
- Patients on 300 mg Sublocade may need to titrate up to 24-32 mg sublingual buprenorphine daily, while those on 100 mg Sublocade may need titration to between 16-32 mg.
- Review patients as clinically appropriate after transfer to discuss dose effects, withdrawal, cravings or side effects. Titrate dose accordingly.
- Do not assume every patient needs daily supervised dosing, provide takeaways as clinically appropriate.

Table 2 - Sublocade to sublingual (SL) buprenorphine dose conversion

Sublocade dose	SL buprenorphine commencement dose	Likely regular SL buprenorphine dose
Sublocade 300 mg monthly	8 mg	24-32 mg
Sublocade 100 mg monthly	8 mg	16-32 mg

C. Transfer from Sublocade via sublingual buprenorphine to methadone

- Sublocade may continue to block or reduce the effects of methadone for months after the last Sublocade dose.
- If considering transfer to methadone, it is recommended to transition via sublingual buprenorphine. Only consider transfer to methadone after some weeks to months on daily sublingual buprenorphine. See NSW Clinical Guidelines: Treatment of Opioid Dependence for more details on transfer from sublingual buprenorphine to methadone. Seek specialist help if you have any concerns.
- **Direct transfer from Sublocade to methadone is not recommended due to the prolonged process of dose stabilisation.**

D. Completing treatment

- Some patients are ready to complete their Sublocade treatment and stop opioid dependence treatment entirely. Successful completion is most likely for patients who have been in treatment for an extended period, with stable mental and physical health, secure housing, and no longer using other opioids or other substances in a hazardous, harmful or dependent manner.
- Consider the following when completing treatment:
  - Sublocade dose may be decreased from 300 mg to 100 mg before ceasing medication. It may be helpful to increase the last injection interval to 6 weeks.
  - Some patients may prefer to transfer to Buvidal prior to completing treatment (see section 1 for transfer to Buvidal).
  - Urine drug screen for buprenorphine may be positive for months after Sublocade cessation.
  - Ensure the patient is aware of the risk of relapse, provide information on overdose and Take Home Naloxone (THN), and counsel patients on correct use. This short 90 sec video may help. Support the patient to develop a relapse plan.
  - Follow up with patients after medication cessation to ensure their treatment goals are being met and encourage patients to return if they have concerns about their completion or if they have relapsed to opioid use.
  - Have a low threshold for recommencing ODT medicines.
  - Seek advice if there is uncertainty about next steps, opioid tolerance is unclear, or any assistance is needed recommencing treatment.

Further information and resources

- For advice contact your local AOD service or the state-wide Drug and Alcohol Specialist Advisory Service (DASAS) via 1800 023 687.
- Check the dedicated NSW Health webpage for updates.
- A patient FAQ is available to support conversations with your patients.