Patients presenting to antenatal services who are also receiving treatment with long acting depot buprenorphine

Long acting depot buprenorphine has been approved for the treatment of opioid dependence in Australia

The Therapeutic Goods Administration (TGA) in Australia has approved two long-acting injected depot buprenorphine medications: Buvidal™ and Sublocade™. The Buvidal™ product was listed on the PBS on 1 September 2019.

What does this mean for antenatal, maternity and neonatal health services?

Increasing numbers of patients may present to these health services who are being treated with depot buprenorphine.

These formulations of buprenorphine are administered weekly or monthly

Buvidal™ is a modified release formulation of buprenorphine which is administered via subcutaneous (SC) injection in *weekly* or *monthly* intervals.

Sublocade™ is an extended-release formulation of buprenorphine which is administered via subcutaneous injection in *monthly* intervals.

Depot buprenorphine can be considered for pregnant women

Under the NSW Clinical Guidelines, depot buprenorphine may be considered for pregnant women if the risks of transferring her to sublingual buprenorphine or methadone outweigh the benefits. Similarly, depot buprenorphine should be used during breastfeeding only if the potential benefits justifies the potential risks to the mother and baby.

Neonatal opiate withdrawal syndrome (NOWS) is an expected outcome when pregnant women are treated with depot buprenorphine. There is limited data on onset, severity and duration of NOWS. Liaison with neonatologists/specialist paediatricians should occur regarding screening and treatment for NOWS for neonates exposed to depot buprenorphine during pregnancy. More information can be found in the Clinical Guidelines for Use of Depot Buprenorphine (see link below).

For information on treating patients with substance use in pregnancy and parenting, contact your local health district Substance Use in Pregnancy and Parenting Service (SUPPS).

Depot buprenorphine may reduce the effects of opioid analgesia

Buprenorphine, through its properties as a partial agonist at opioid receptors, may reduce the effects of opioid analgesics. Adequate analgesia may be more difficult to achieve when administering opioids to patients on depot buprenorphine. Opioids can be used for analgesia but doses will need to be titrated carefully against clinical response. Consultation with Pain Services or Drug and Alcohol Specialists is recommended.

There are potential drug-drug interactions

There are a number of clinically relevant drug-drug interactions (DDIs) that could occur for patients on depot buprenorphine. Some of these include:

- Interactions with CNS depressants that increase the risk of overdose such as other opioids, alcohol, gabapentinoids, antihistamines, anti-psychotics and benzodiazepines.
- Except in emergency situations, opioid antagonists should generally not be used in patients being treated with depot buprenorphine.
- The metabolism of CYP3A4 inhibitors and inducers, anticholinergics and diuretics may be altered.

Depot buprenorphine is released slowly and can have an extended duration of effect

Though depot buprenorphine is administered weekly or monthly, plasma concentrations of buprenorphine slowly reduce after the injection and may remain at levels that cause at least some opioid partial agonist effects for up to 20 weeks in some people, depending on dose and duration of treatment. There may therefore be a persisting though reducing effect on analgesia requirements and DDIs for many weeks after the drug is administered.

How will you know if your patient is on depot buprenorphine?

In the first week after administration of Sublocade™ a small collection may be palpated. Mostly however, neither product is noticeable on external examination. Patients have been encouraged to carry and present a wallet card explaining their depot buprenorphine treatment status. However, patients might be reluctant to disclose that they are on depot buprenorphine due to previous experiences of stigmatisation or discrimination by health workers. Respectfully explaining why you need to know about medications including depot buprenorphine, and maintaining a non-judgemental approach to their drug use, helps improve the accuracy of the history obtained.

When a patient presents who has been receiving depot buprenorphine, clinicians should, as is usual with patients on opioid replacement therapy, confirm last dosing details in order to inform safe treatment. This includes recent dosing history, the date of last dose, the dose received and when the next dose is due.

More information and support is available for clinicians

By telephone

- The NSW Drug and Alcohol Specialist Advisory Service (DASAS) is a 24/7 helpline that enables health professionals to get advice from specialist alcohol and other drug medical and clinical nurse consultants on any drug and alcohol clinical issues. DASAS clinicians will provide advice on clinical issues related to depot buprenorphine.

  Phone DASAS: Sydney metropolitan: (02) 9361 8006; Regional and rural NSW: 1800 023 687

On-line

- Clinical Guidelines for use of Depot Buprenorphine have been published by the Ministry of Health and are available at https://www.health.nsw.gov.au/aod/Pages/depot-buprenorphine.aspx

- The RACGP has made available a webinar: Introduction to Depot Buprenorphine in the Treatment of Opioid Dependent Patients. This webinar, presented by Professor Nick Lintzeris and Dr Hester Wilson, explains the clinical guidance, evidence base, pharmacology, and risks associated with depot buprenorphine, and how to implement it as an Opioid Agonist Treatment (OAT) for opioid dependency. The webinar can be accessed free of charge through their website: https://www.racgp.org.au/education/professional-development/online-learning/webinars/drugs-and-alcohol/buprenorphine-in-the-treatment-of-opioid-dependent.