

Patient Consent for

Rapid Start of Monthly Extended-release Buprenorphine Injection

Monthly injectable extended-release buprenorphine (XRBUP, aka Sublocade) is indicated for the first dose to be administered to patients who have taken at least 8 mg of buprenorphine (suboxone/subutex) sublingual (under the tongue) for the last 7 days.

A traditional weeklong start is recommended in patients who have the time to wait for their injection and the ability to follow up for an injection appointment. It is also highly recommended for patients who have not been using much or any opioids recently (low tolerance), or haven't tried high dose buprenorphine in the past (16+mg/day)

Benefits of a traditional 1-week start:

- Your body has time to adjust to buprenorphine and to gradually increase the dose
- May reduce side effects such as nausea and sleepiness
- May reduce chance of shot causing withdrawal symptoms
- You can make sure you like buprenorphine if you haven't taken it before

Risks of traditional 1-week start:

- You may have difficulty sticking to the schedule of taking your meds every day or trouble keeping your follow up appointment and risk missing your shot administration. Stopping buprenorphine can cause withdrawal symptoms, return to opioid use and increased risk of overdose
- Daily sublingual buprenorphine might not control withdrawal symptoms as well as XRBUP does, depending on your dose

A rapid start of XRBUP (off-label start) is one where the shot is given to a patient who has taken buprenorphine for only 1-2 days, or not at all, before the first injection of Sublocade is given. The injection should be given no sooner than 12 hours after last opioid use, and longer if you have been using methadone. Because the buprenorphine from the injection takes time to be absorbed into your system and takes 24 hours to reach peak levels, precipitated withdrawal might be less likely to occur with XRBUP administration than sublingual buprenorphine administration. A rapid start is recommended for patients who have tried a traditional 1 week start and have not been able to follow through, patients who are unable to return for a follow up appointment in the next few weeks and are at high risk to return to use, patients at very high overdose risk, patients in the emergency room and hospital and those who are facing time restrictions due to impending moves/incarceration/residential treatment.

Benefits of a rapid start:

- You will get your medication administered more quickly without having to return for additional appointments.

- You may achieve high levels of medication (buprenorphine) more rapidly than with a traditional start. These higher levels may be more effective for cravings and withdrawal symptoms and provide a better opioid blockade to reduce overdose risk.

Risks of a rapid start:

- You won't have as much time to adjust to the effects of buprenorphine or to gradually increase the dose.
- You may experience increased side effects such as sleepiness and nausea, especially the first few days. You should be cautious about driving until you are sure how the medication is affecting you.
- You may experience precipitated withdrawal. Precipitated withdrawal is when a medication makes your withdrawal symptoms suddenly feel worse for a little while before they feel better. These symptoms typically last 4-8 hours and we will give you medications to help treat these symptoms.

If you experience precipitated withdrawal:

- Immediately take 16 mg of Buprenorphine (2 suboxone strips or tablets) dissolve under tongue for 20 mins. You may repeat 8-16 mg of buprenorphine again in 1-2 hours if needed (max 32mg)
- Take Ondansetron (Zofran) 4-8 mg dissolve under tongue for nausea
- Take Clonidine 0.1 mg 1-2 tabs every 4 hours for restlessness and sweating
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I understand the risks and benefits of both the traditional 1-week XRBUP start and the rapid XRBUP start, and I choose to receive the rapid XRBUP start.

I will contact the case manager _____, or the clinic at _____ if I am experiencing uncontrolled symptoms or have other questions.

_____ Patient Signature _____ Date

_____ Patient Name _____ Date of Birth

_____ Provider Signature _____ Date