

Long-acting, Injectable Buprenorphine: Great Promise, but Significant Barriers to Use

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To the Editor—A 30-day injectable form of buprenorphine branded as SublocadeTM (Buprenorphine XR SQ) was approved by the FDA in 2017. This medication is administered by a health care professional subcutaneously in the abdomen to treat opioid use disorder. This long-acting delivery system holds great promise for many patients who have barriers to taking daily transmucosal buprenorphine-containing medications such as those with poor adherence to a daily medication. It is beneficial for those who have difficulty safely storing their medications, including patients who have children in the home, unstable housing, or live with others who have a use disorder. This product is also an option for patients who prefer mono-product buprenorphine. As Buprenorphine XR SQ is administered directly by a health care professional, it does not contain the abuse-deterrent naloxone that some patients feel causes side effects.

There are two ways to acquire Buprenorphine XR SQ: 1) order product from the distributor (buy and bill); or 2) dispensed from a specialty pharmacy for a specific patient (specialty pharmacy) [1]. For the buy and bill option, the health care setting must be certified through the Risk Evaluation and Mitigation Strategy (REMS) program and adhere to dispensing regulations [2]. We found this challenging to implement in the outpatient setting, thus we pursued the specialty pharmacy option. It ultimately took us nearly one year to complete the process.

The following are the barriers we faced with our first attempt. As a controlled substance, the medication must be stored in a refrigerated lockbox. Before we could receive the medication, we had to ensure we could meet this requirement. This could be an extra expense for clinics providing Buprenorphine XR SQ. There are currently seven specialty pharmacies in the United States that can dispense Buprenorphine XR SQ. Initially, the pharmacies themselves were not all listed within our EHR. To solve this, we worked with our technology department to add them. Once added, we e-scribed the medication only to learn that the pharmacy did not accept the patient's insurance. Once we connected with the correct pharmacy, we learned we also needed to fax a form with the patient's consent; however, the e-prescription must be received first. The importance of this order was not clear and resulted in another delay in processing the prescription. Once the pharmacy received both documents

in the correct order, they must call the patient to gain consent for treatment. Unfortunately, many of our patients do not have consistently working phones. The pharmacy also did not directly communicate with us that they could not reach the patient, resulting in another delay. Ultimately, we facilitated the phone call with the patient in the office. Once we were able to ship the medications, there was confusion around the delivery time. Unbeknownst to us, one of the specialty pharmacies does not ship Buprenorphine XR SQ on Mondays. This resulted in another delay when the patient came for the medication but had to be bridged with transmucosal buprenorphine/naloxone until we were able to arrange for the delivery.

After going through the process, we have now honed a system that is more efficient. The manufacturer of Buprenorphine XR SQ manages a web portal, In-SupportTM (insupport.com), which is designed to provide information on how to access Buprenorphine XR SQ. Through this portal, providers can learn about the buy and bill and specialty pharmacy methods in order to decide which process is best suited for their workflow. Then, the portal streamlines the process of conducting a benefits investigation, submitting a claim to insurance, and acquiring the medication. We used InSupportTM throughout our first attempt as described previously. We found that frequent phone calls with InSupportTM are needed to move through each step of the process. We also identified one staff member to champion the prescribing and acquisition of Buprenorphine XR SQ. This person maintains close communication with the specialty pharmacy to ensure all the monthly paperwork is completed on time and in the correct order. Ultimately, we believe that Buprenorphine XR SQ is an excellent option for patients, and we are hopeful the process can be streamlined to make this a viable option for any clinic interested in providing this medication. **NCMJ**

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References

1. InSupport for Healthcare Providers. Indivior. Available at: <https://www.insupport.com/specialty-product>. Accessed December 20, 2019.
2. Risk Evaluation and Mitigation Strategy: Sublocade. Indivior. Available at: <https://www.sublocaderems.com/>. Accessed December 20, 2019.