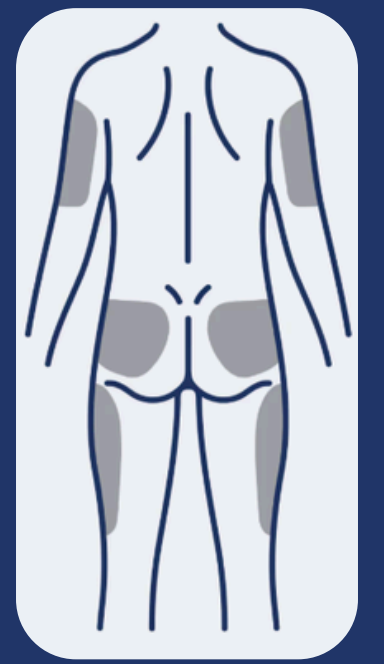
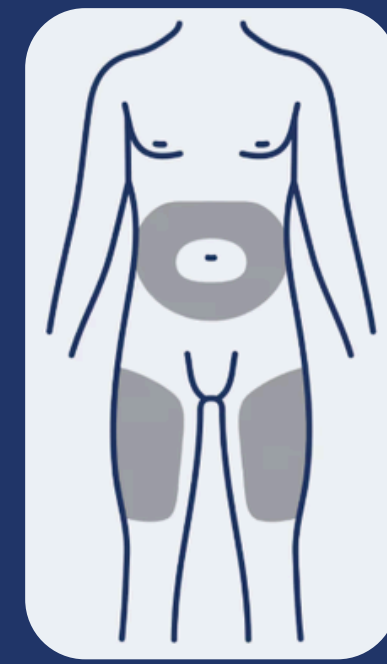


ONCE-MONTHLY

Sublocade®

(buprenorphine extended-release)
injection for subcutaneous use Ⓞ
100mg·300mg

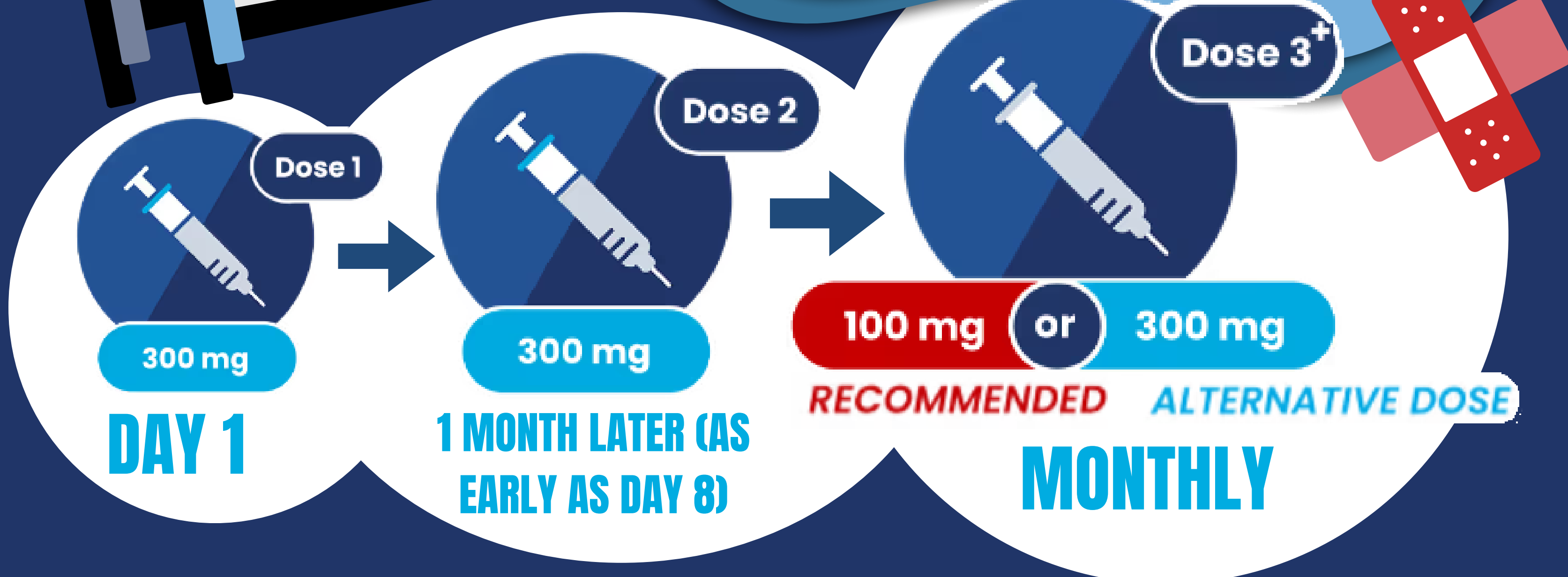
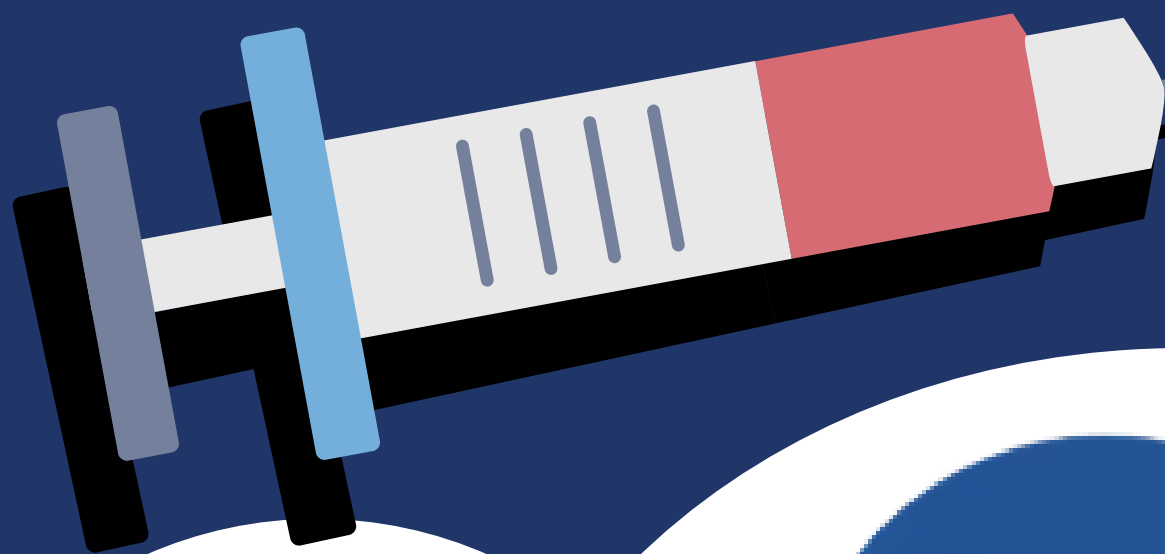


Use:

- Treatment of moderate or severe addiction / dependence to opioid medications

Administration:

- Subcutaneous
- Can start day after last oral dose was taken
- At least 26 days between each injection
- Rotate injection site
- Must be administered by healthcare professional



- Buprenorphine plasma levels accumulate during the first 2 doses and stabilize with the 100 mg maintenance dose
- 100 mg maintenance dose preferred, but 300 mg maintenance dose used if 100 mg dose is tolerated but has insufficient efficacy

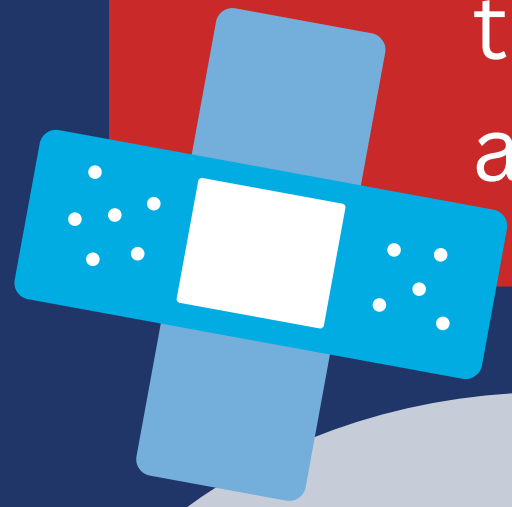
Adverse effects:

- Injection site reactions
- Opioid withdrawal
- Opioid overdose
- Respiratory and CNS depression
- Constipation
- Headache
- Fatigue
- Nausea

For more info visit: <https://www.sublocadehcp.com>

Mechanism of action:

- Partial mu-opioid receptor agonist
- Full kappa-opioid receptor antagonist
- Higher affinity to receptors than most full opioid agonists



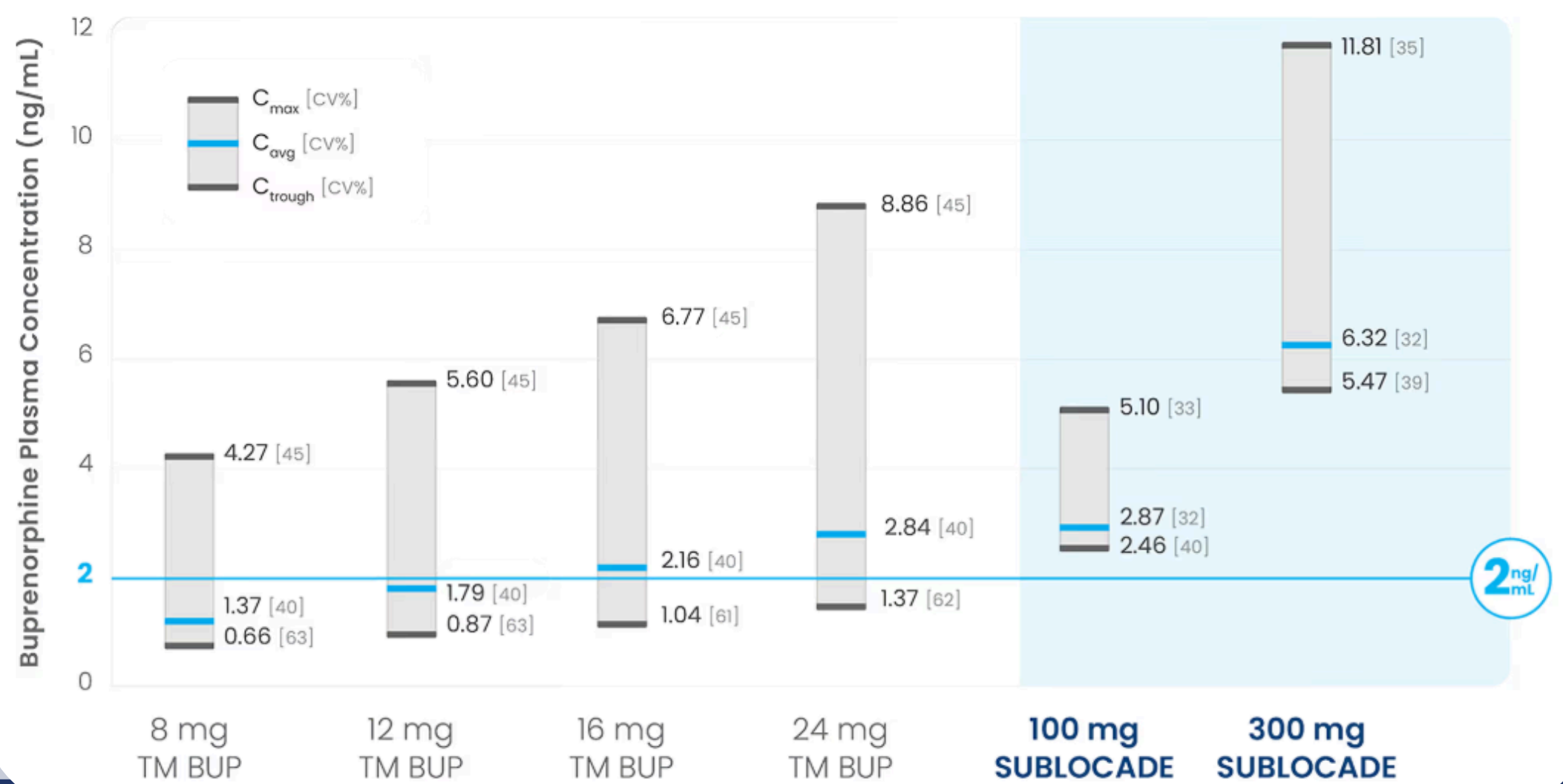
Most patients on Sublocade achieved a steady state concentration of 2 ng/ml, blocking opioid-rewarding effects

Warning:

Serious harm if injected IM or IV. Only available through REMS program to avoid misuse.

Patient cannot handle Sublocade injection device. Patient cannot pick up from pharmacy. Medication must be handed directly to healthcare provider.

Comparison of Steady-State Buprenorphine Plasma Exposure as Geometric Mean [CV%]¹



Patient education:

- Do not drink alcohol or take other CNS depressants while on Sublocade
- Do not drive until you know how Sublocade affects you
- Do not wear occlusive clothing over injection site depot or try to remove depot from under the skin
- In acute situations, let emergency staff know you are taking Sublocade

Long lasting half-life between 43-60 days

Previous Dose of TM BUP	TM BUP	SUBLOCADE		
	Initial Dose	Injection #1	Injection #2 ^a	Maintenance Dose ^b
Initiation in patients not already receiving buprenorphine				
NA	4 mg ^c	300 mg	300 mg	100 mg
Transition of patients already receiving transmucosal buprenorphine				
8 – 24 mg/day	NA	300 mg	300 mg ^d	100 mg