Effective treatment for opioid use disorder (OUD), including medication, is available to CBH members (see the Substance Abuse and Mental Health Services Administration's (SAMHSA) **SUD Treatment Options webpage**)[1]. However, it is not always used. The 2022 National Survey on Drug Use and Health estimates that only one in four people needing substance use treatment in the past year received treatment.[2]

- **American Society of Addiction Medicine National Practice Guideline for the Treatment of Opioid Use Disorder (2020 Focused Update)**
- **SAMHSA Treatment Improvement Protocol 63: Medications for OUD**
- **CBH Clinical Practice Guidelines: OUD**

Among the Food and Drug Administration (FDA)-approved medications for OUD, there are three long-acting injectables (LAIs) available that do not need to be dosed daily:

- **Brixadi® (buprenorphine)**
- **Sublocade® (buprenorphine)**
- **Vivitrol® (naltrexone)**

These LAIs expand the treatment options that are available to members with OUD. Benefits of LAI medications for OUD may include:

- Helping maintain steady levels of medication [3,4,5]
- Improving adherence to treatment [6]
- Improving treatment satisfaction [7]

Patient Considerations

The choice of pharmacotherapy for OUD should be based on patient-specific factors. Patients who may benefit from LAIs include those who have: [4,8]

- Challenges with adherence
- Risk for misuse and diversion
- Risk for disruptions in treatment (e.g., incarceration)
- Challenges with storing medications (e.g., housing instability, children in the household, theft)
- Concerns with confidentiality and stigma around treatments that are dosed daily

FDA-Approved Medications and Dosing Information

Drug	Dosing	Comments
Brixadi	Weekly (8, 16, 24, 32mg) or monthly (64, 96, 128mg) Subcutaneously into abdomen, thigh, buttock, or upper arm	➡ Indicated in patients who have initiated treatment with a single dose of a transmucosal buprenorphine product or who are already being treated with buprenorphine [9] ➡ Please see the prescribing information for the full dosing information for Brixadi
Sublocade	Monthly (100, 300mg) Subcutaneously into abdomen, thigh, buttock, or back of the upper arm	➡ Indicated in patients who have initiated treatment with a single dose of a transmucosal buprenorphine product or who are already being treated with buprenorphine [10] ➡ The recommended dose is 300mg monthly for the first two months followed by a monthly maintenance dose of 100mg [10] ➡ A second dose may be administered as early as 7 days after the initial dose and maintenance dose may be increased to 300mg as clinically warranted ➡ Please see the prescribing information for the full dosing information for Sublocade
Vivitrol	Monthly (380mg) Intramuscular into deep gluteal tissue	➡ To avoid precipitating opioid withdrawal, an opioid-free duration of a minimum of 7–10 days is recommended prior to initiating Vivitrol® [11] ➡ Also approved for alcohol use disorder (AUD) treatment [11] ➡ Please see the prescribing information for the full dosing information for Vivitrol

Risk Evaluation and Mitigation Strategy (REMS) Program

Due to the risk of serious harm or death that could result from intravenous self-administration, Brixadi and Sublocade have an associated REMS program. The REMS programs contain requirements to ensure that these medications are only dispensed directly to healthcare professionals for administration.[12,13]

Prescribers are not required to be certified in the REMS programs to prescribe these medications unless they intend to keep a stock of the medications at their practice and obtain the medications from a distributor. Pharmacies must be REMS-certified to obtain and dispense these medications. [12,13]

Clinical Prior Authorization

Starting on January 1, 2020, the Pennsylvania Department of Human Services (DHS) instituted a single statewide Preferred Drug List (PDL). All the LAI medications for OUD are preferred on the PDL (up to date as of January 8, 2024).[14] This may reduce the administrative burden on prescribers and can improve access to treatment for members.

- ➡ Although preferred, these medications may require a prior authorization in certain situations, such as if the quantity prescribed exceeds the quantity limits set by DHS.[14] See the DHS Fee-for-Service Pharmacy Prior Authorization General Requirements and Procedures for details about when a clinical prior authorization is necessary.

Pharmacies That Can Dispense and/or Administer

Brixadi and Sublocade must be dispensed from a REMS-certified pharmacy. Unlike the buprenorphine products, Vivitrol is not a controlled substance and does not have an associated REMS program. However, not all pharmacies may carry the medication.

There are also some pharmacies that offer additional services, such as medication administration. The links below show a list of pharmacies that can dispense and/or administer these LAI medications for OUD. The lists can be filtered by area/ZIP code to easily identify resources near your member or practice location.

Brixadi	➡ **Network Specialty Pharmacy Contact List** ➡ **Network Specialty Pharmacy Locator**
Sublocade	➡ **Network Specialty Pharmacy Locator** ➡ **Provider and Additional Sites of Care Locator** ***"An Additional Sites of Care (ASOC) is a facility or healthcare provider (HCP), other than a prescribing physician's office, that may provide a flexible option for the administration of SUBLOCADE injections. You may prefer patients receive SUBLOCADE at a facility other than your practice, while you continue to manage their overall care."*** [15]
Vivitrol	**Find a Provider**

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