



Long-Acting Injectables for Substance Use Disorders

Extended-release, long-acting injectable medications are key pharmacologic interventions within comprehensive treatment for opioid use disorder and alcohol use disorder. These medications can support improved treatment engagement, adherence, and outcomes.

Key Differences in Formulas

- The following table outlines key differences in long-acting, extended-release injectable formulations focusing on dosing, administration, and logistics to help clinicians assess which option best fits their patients' needs.

Feature	Sublocade® (Buprenorphine)	Brixadi® (Buprenorphine)	Vivitrol® (Naltrexone)
FDA-Approved Indications	Treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a single dose of a transmucosal buprenorphine product or who are already being treated with buprenorphine		Prevention of relapse to opioid dependence, following opioid detoxification; Treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting
Available Doses	100 mg monthly 300 mg monthly	8, 16, 24, or 32 mg weekly 64, 96, or 128 mg monthly	380 mg monthly
Administration/ Injection Volume	Subcutaneous 45-degree angle Multiple injection sites 19-gauge needle, 0.5–1.5 mL	Subcutaneous 90-degree angle Multiple injection sites 23-gauge needle, 0.16–0.64 mL	Intramuscular gluteal injection only; 1.5 inch or 2-inch 20-gauge needle, 4 mL
Storage Requirements	Refrigeration required; may remain at room temperature for up to 12 weeks once removed	No refrigeration required	Refrigeration required; keep at room temperature for at least 45 minutes before administration
Potential Advantages	Higher buprenorphine levels achieved with 300 mg	Flexible weekly/monthly dosing; smaller injection volume	Treats both opioid use disorder and alcohol use disorder
Limitations	Requires registration in Risk Evaluation and Mitigation Strategies program – must be administered by certified health care personnel		Not suitable for patients with severe liver disease or pregnant women; Loss of tolerance increases risk of opioid overdose upon return to opioid use
Administration Considerations	Can precipitate withdrawal in someone taking full opioid agonists	Can precipitate withdrawal in someone taking full opioid agonists; Avoid upper arm administration until after steady-state	Can precipitate withdrawal if patient is not opioid-free for at least 7–10 days, or 14 days if long-acting opioids; Different size needles depending on patient body habitus
Copay Assistance	www.sublocadehcp.com/supportservices	www.brixadi.com/copay-and-savings	www.vivitrolhcp.com/vivitrol-copay-savings-program



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Administration Quick Guide

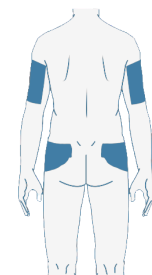
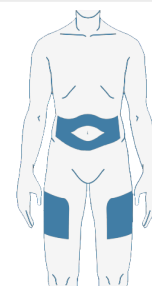
Use this guide to quickly review key steps and considerations when administering long-acting injectable medications. Read the manufacturer's full administration guide prior to administration and check the previous administration site to ensure the area is rotated.

Sublocade

- 1 Attach the safety needle and remove excess air from the syringe.
- 2 Pinch the skin at the injection site.
- 3 Inject slowly and steadily into the subcutaneous tissue at a 45-degree angle.

Brixadi

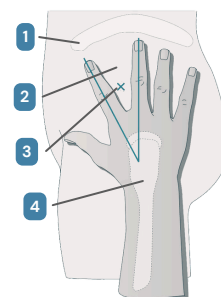
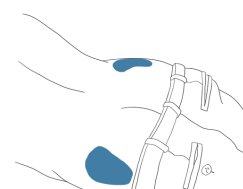
- 1 Twist the plunger clockwise into the safety syringe until securely attached.
- 2 Liquid should be clear yellowish color; small air bubbles may be visible.
- 3 Pinch the skin at the injection site.
- 4 Inject slowly into the subcutaneous tissue at a 90-degree angle.
- 5 Fully insert the needle until the plunger head attaches into syringe 'wings.'
- 6 Keep plunger pressed down for 2 additional seconds before removing the needle.



Sublocade and Brixadi use the same injection sites.

Vivitrol

- 1 Firmly tap the powder vial on a hard surface.
- 2 Withdraw 3.4 mL of diluent using the preparation needle and inject into the powder vial.
- 3 Shake vigorously for approximately 1 minute.
- 4 Immediately withdraw 4.2 mL into the syringe using the preparation needle; expect a non-clumping, milky white suspension.
- 5 Change the preparation needle to the administration needle (use a smaller needle for very lean patients).
- 6 Prior to injecting, tap the syringe to release air bubbles and push the plunger until 4 mL of suspension remains in the syringe.
- 7 Aspirate for blood before injection. If blood aspirates or the needle clogs, do not inject; change to a spare administration needle.
- 8 Administer as a deep intramuscular gluteal injection in a smooth, continuous motion.



1. Anterior superior iliac crest
2. Location of the gluteus medius
3. Injection point between the knuckle of the index and middle finger
4. Greater trochanter