



Development and Content of Depot Buprenorphine Training for NSW Community Pharmacists

Introduction:

Depot buprenorphine/long-acting injectable buprenorphine (LAIB) is a subcutaneous formulation to manage opioid use disorder or dependence. Increasing **community-based care** and decreasing public service pressures are key priorities. Until recently, LAIB in Australia was administered only through clinics.

Legislation changes in 2023 effectively restrict community provision of LAIB to pharmacists. Pharmacists must provide LAIB services to a high standard clinically, and to client satisfaction.

Development and Delivery:

Consultation was obtained from fellows in addiction medicine, nurses with public clinic management experience, and pharmacists with specialisation in opioid dependence.

University of Sydney academics prepared two-part digital modules followed by written examination with pass mark of 85%. One repeat attempt was permitted before exclusion.

Hands-on experience was available subsequently using dummy devices and clinic observations.

Clinical Resources and Tools:

Clinical resources, tools, and practical service support documents were provided to pharmacists, including state-endorsed clinical guidelines.

Training included application of Clinical and Subjective Opioid Withdrawal Scales (COWS and SOWS) and interpretation of results, and discussion of confounding features and impacts.

Clinical guidelines for use
of depot buprenorphine
(Buvidal® and Sublocade®)
in the treatment of opioid
dependence



Figure 1:
NSW Clinical Guidelines for Depot Buprenorphine were foundational for training development.

- Choose site
 - Consider client request
 - Consider site rotation
 - Ice pack required for pain?

- Prepare client for injection
 - Comfortable position for site: supine, reclining, seated or standing
 - Sanitise site with alcohol swab (min 30 seconds to evaporate)

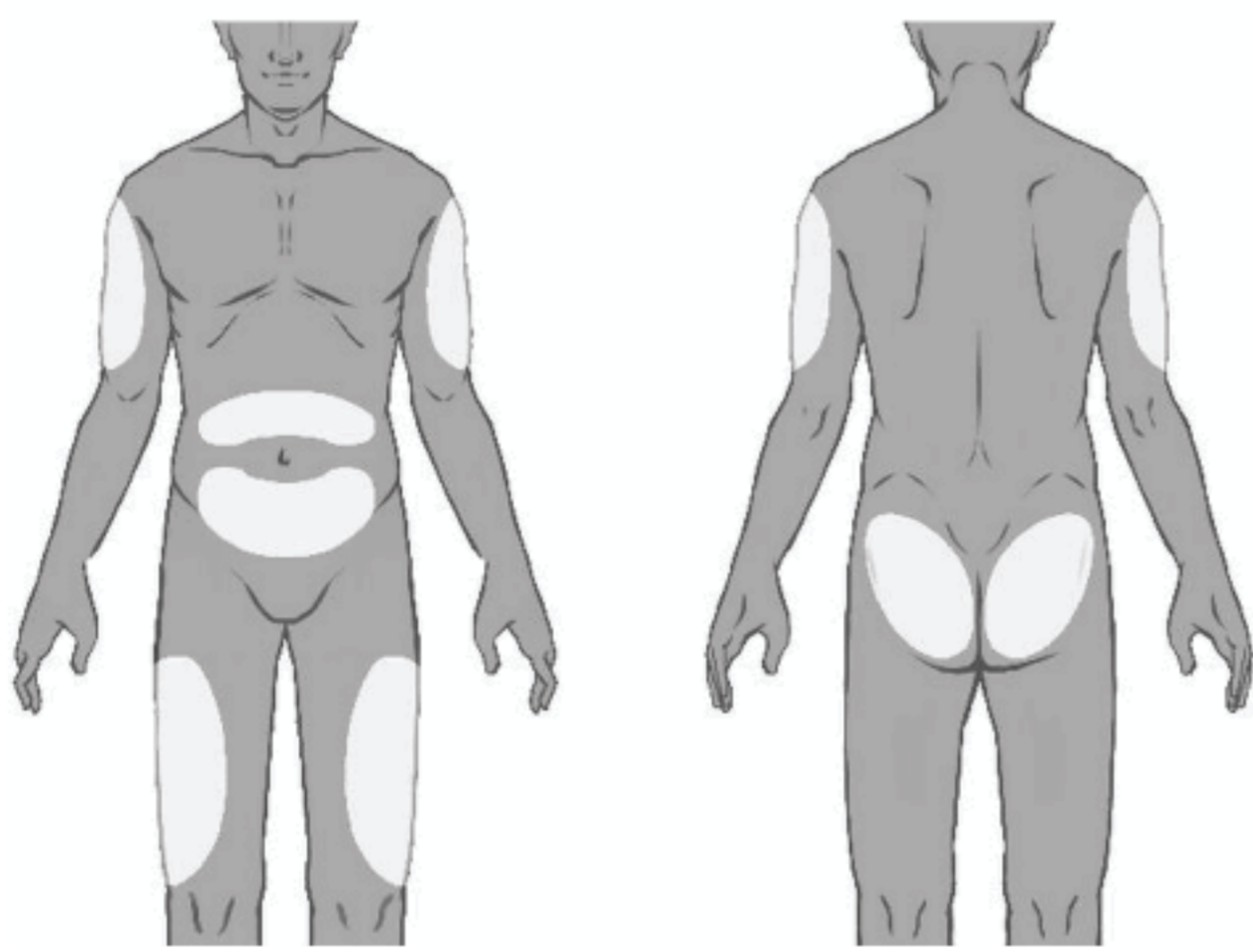


Figure 2:
Extract of abbreviated administration prompts for Buvidal LAIB (image from PI of Buvidal, sponsor: CAMURUS AB)

Pharmacists Engaged:	158 pharmacists
Assessment Pass on First Attempt:	143/158 (90%)
Pharmacy Sites Total:	52 pharmacies

Table 1:
Overview of training engagement over the Pilot.

Module I: Therapeutic Background

Regulatory: NSW legislation.
Opioid agonist therapy (OAT): modality, Australian landscape.
Buprenorphine pharmacology: mixed agonist-antagonist, high μ -opioid affinity.
Buprenorphine pharmacokinetics: ADME.
LAIB therapeutics: considerations, utilisation, top-up dosing.
Buvidal and Sublocade formulations: particulars and differences.
Administration site selection: considerations, site rotation, pain.

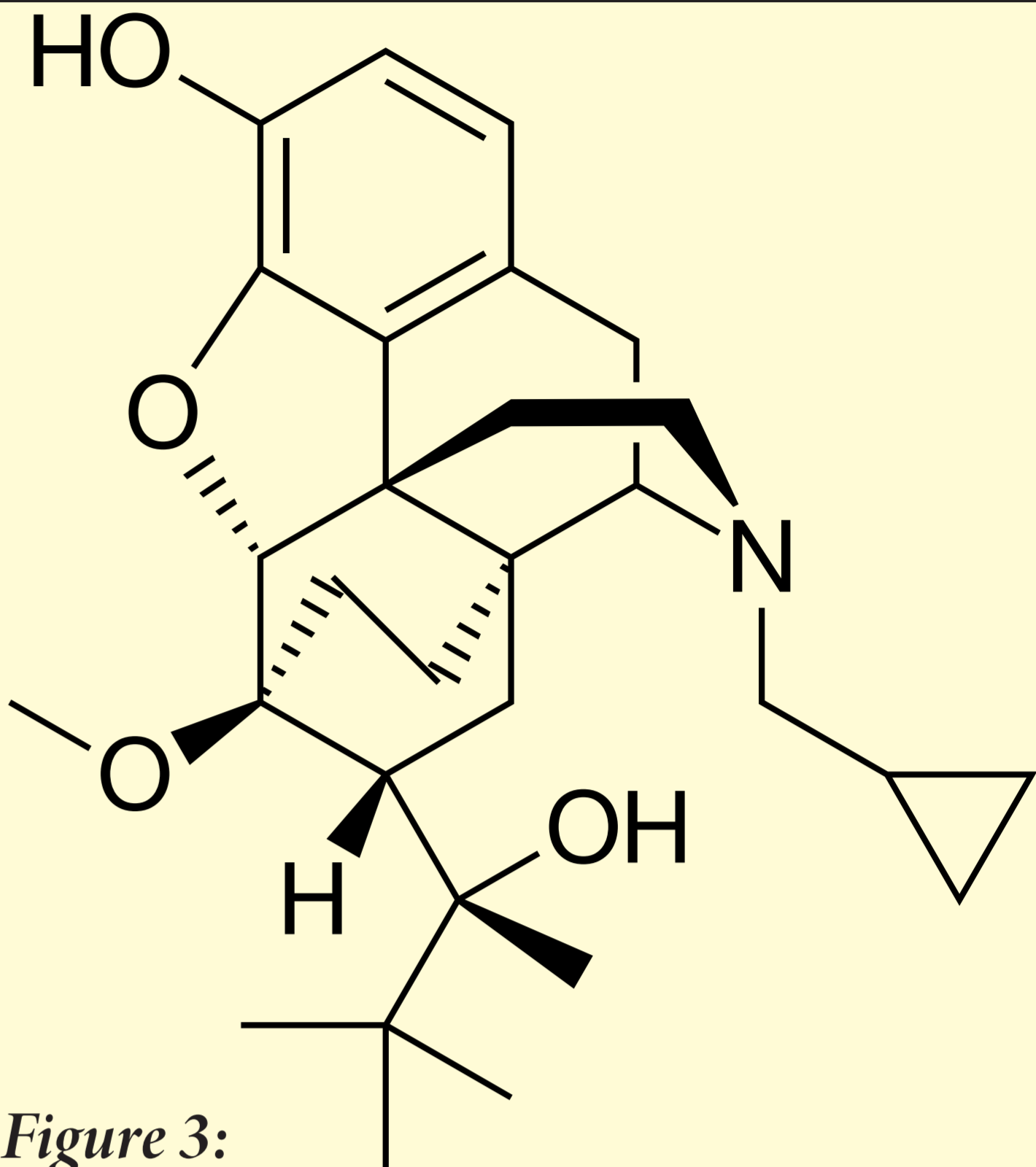


Figure 3:
Module I focussed on the drug buprenorphine and its utilisation in OAT.

Module II: Service Delivery

Language Matters and Stigma: terms and dignity.
Preadministration appointment: minimum clinical review and rationale.
Prescriber communication: content, triggers.
Active screening: opioid and other health requirements, social needs, housing.
Family and domestic safety: screening, response to disclosure, helpline contacts, police complexities.
Pregnancy, organ disease: effects, management and safety.
Dose sufficiency: identifying and responding to dose magnitude issues.
Overdose response: naloxone emergency use.
Take Home Naloxone: provision and counselling.
Case vignettes: ‘worked cases’ overdose and induction.

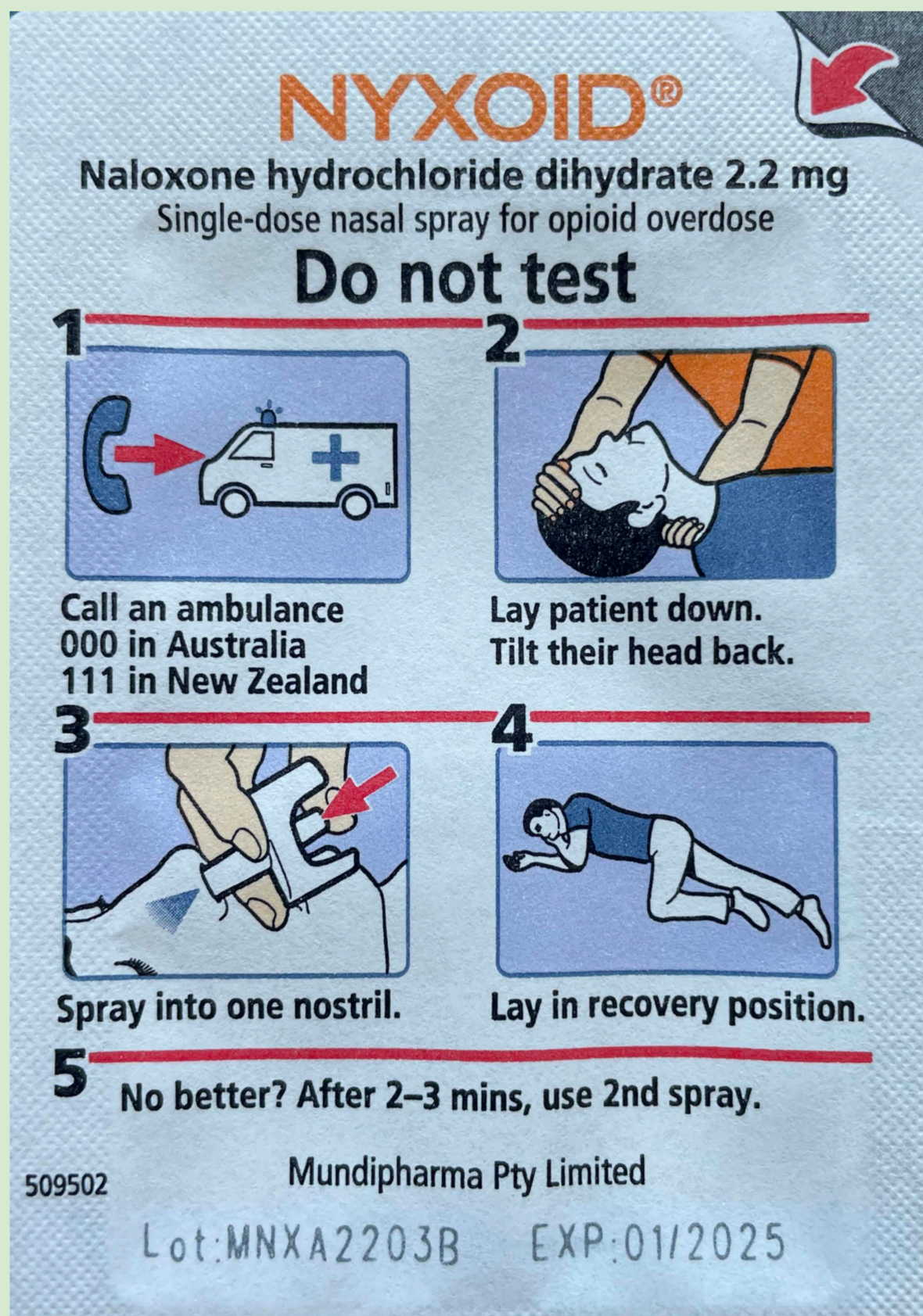


Figure 4:
Opioid overdose response using naloxone was central to Module II.

Evaluation:

Pharmacists felt “quite prepared” by brief training.

Client evaluation on service provision was sought. Clients were overwhelmingly positive regarding pharmacist care: “they have it down perfectly and shouldn’t change a thing”.

Clients reported pharmacists “treat us like regular humans getting a medicine for an issue, not an addict”, supporting emphasis of social impacts and stigma in pharmacist training.

Clients were “confident” in pharmacist skill. Some expressed “the pharmacist is way better trained” or when administering that their pharmacist “actually does it better than most nurses” or even that administration “hurts almost 99% less than it did at the local clinic”.

Of n=129 total clients, of whom n=42 provided evaluation, only n=1 client did not prefer pharmacist administration.

Conclusions:

Pharmacists “felt very confident providing the service” and were prepared by brief training. Clients “couldn’t be happier” and cited “obvious experience and training” demonstrated by pharmacists.

Future:

Modules have been adapted and are available as the Pharmaceutical Society of Australia course Long-Acting Injectable Buprenorphine (LAIB) Administration by Pharmacists.