

Transition from sublingual to LA injectable buprenorphine; identifying best practices

INTRODUCTION

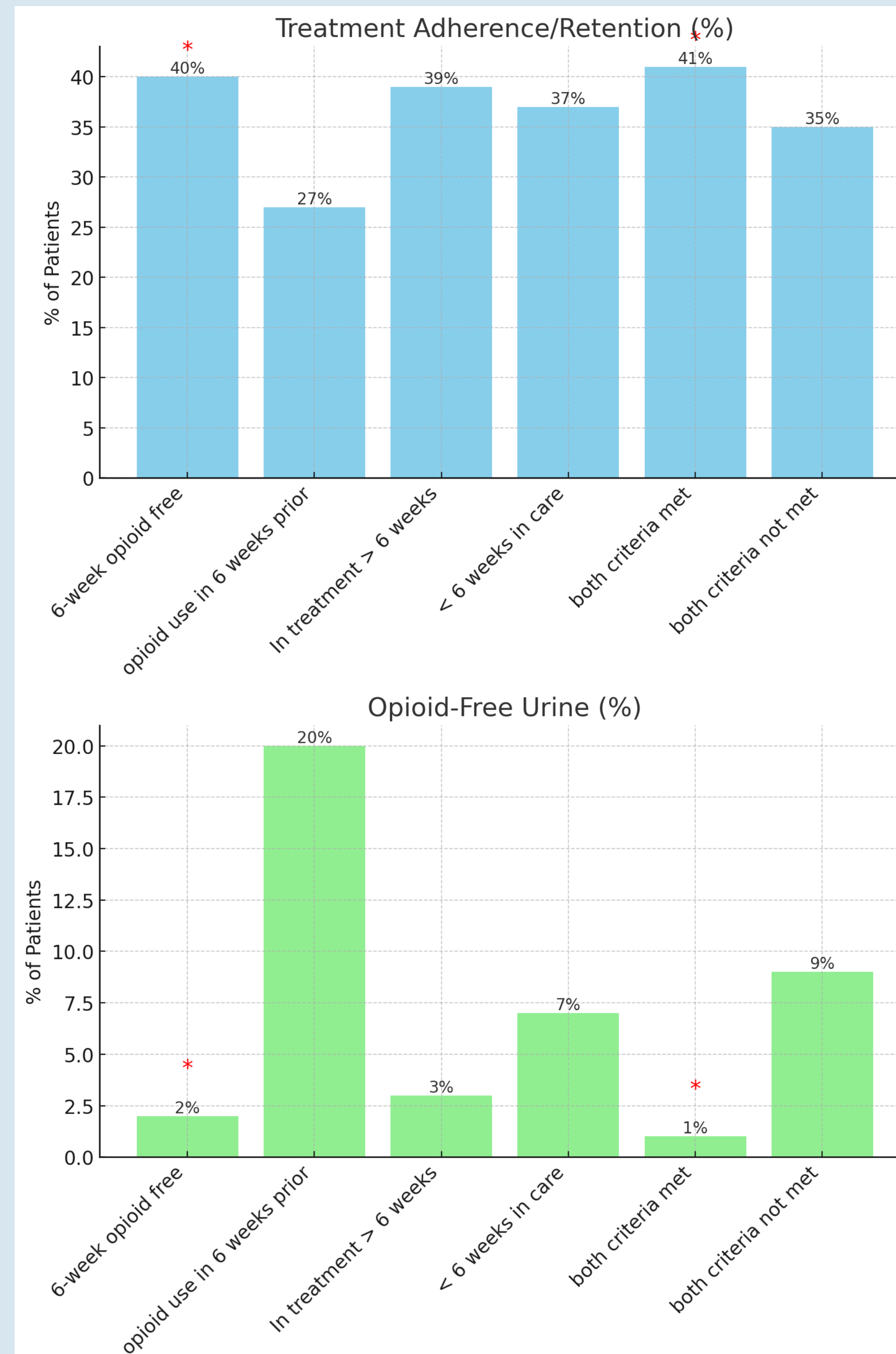
- Early discontinuation of LA buprenorphine (bup) was high in one real-world setting (Stein, 2022).
- With the availability of new bup formulations real world experience must be examined to ascertain best practices
- We assessed clinical guidance regarding patient selection to transition to LA bup to discern which criteria identify candidates more likely to be successful on LA bup. .

METHODS

Design: Retrospective cohort study including 689 patients who transitioned from sublingual to LA bup injections between 9/1/2021 to 8/30/2022 at one of 72 CleanSlate outpatient addiction treatment centers. Recommended patient selection criteria to transition to LA bup: 1) free from all non-prescribed opioids ≥ 6 weeks. 2) in our care on sublingual bup ≥ 6 weeks. **Outcomes:** 1) Retention: ≥ 4 consecutive monthly injections of LA bup. 2) Substance use: UDS result positive for a non-prescribed opioid while on LA bup. **Analysis:** We used inverse probability weighting with an XGBoost logistic model to control for over 400 features (e.g. patient demographics). We compared patients who met one or both criteria with those who did not meet the criteria, performing a t-test to compare outcomes in the 2 groups and calculated p-values based on the adjusted averages of outcomes for each group.

* P < 0.001

RESULTS



CONCLUSION

Persistent use of opioids rather than duration of time in treatment predicts patients likely to be less successful; have poor retention and continued opioid use, when transitioned to LA bup

This finding is consistent with previous research and underscores the importance of addressing ongoing opioid use in treatment prior to transitioning a monthly LA inject bup (Stein 2022)

The growing armamentarium of treatment options for OUD necessitates ongoing assessment and sharing of real-world experiences to develop and implement best practices

AUTHORS & DISCLOSURES

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