Rapid Long-Acting Injectable Buprenorphine Initiation in the Outpatient Setting: *A Case Series*

Introduction

- Innovative buprenorphine initiation strategies are needed in the fentanyl era[1,2]
- Administering weekly long-acting injectable buprenorphine (LAIB) ***without prior administration of sublingual buprenorphine (SL-BUP)*** studied in the emergency department and shown to be feasible[3]
- There are no studies of rapid initiation of LAIB (rLAIB) in outpatient settings

Methods

Study Design

- Retrospective case series of 13 patients who received rLAIB between 8/13/24 and 1/2/2025 *(see rLAIB clinical protocol below)*
- Approved by Einstein IRB

Study Settings

- Two federally qualified health care centers in the Bronx, NY
- OnPoint NYC: drug user health clinics at the first publicly-recognized overdose prevention centers in the US

Participants

- OUD diagnosis
- No recent methadone or sublingual buprenorphine
- Mild to no opioid withdrawal at time of rLAIB (COWS < 12)

Data Collection and Analysis

- Manual chart review and data abstraction
- Descriptive statistics to report demographic and follow-up data

rLAIB Clinical Protocol Highlights

- Withdrawal symptoms are not necessary to *start* rLAIB
- Withdrawal symptoms should be expected over the first 24-48 hours after receiving rLAIB[4]
- Can be treated with PRN full-agonist opioids and adjunctive meds
- After 24 hours, SL-BUP can be used

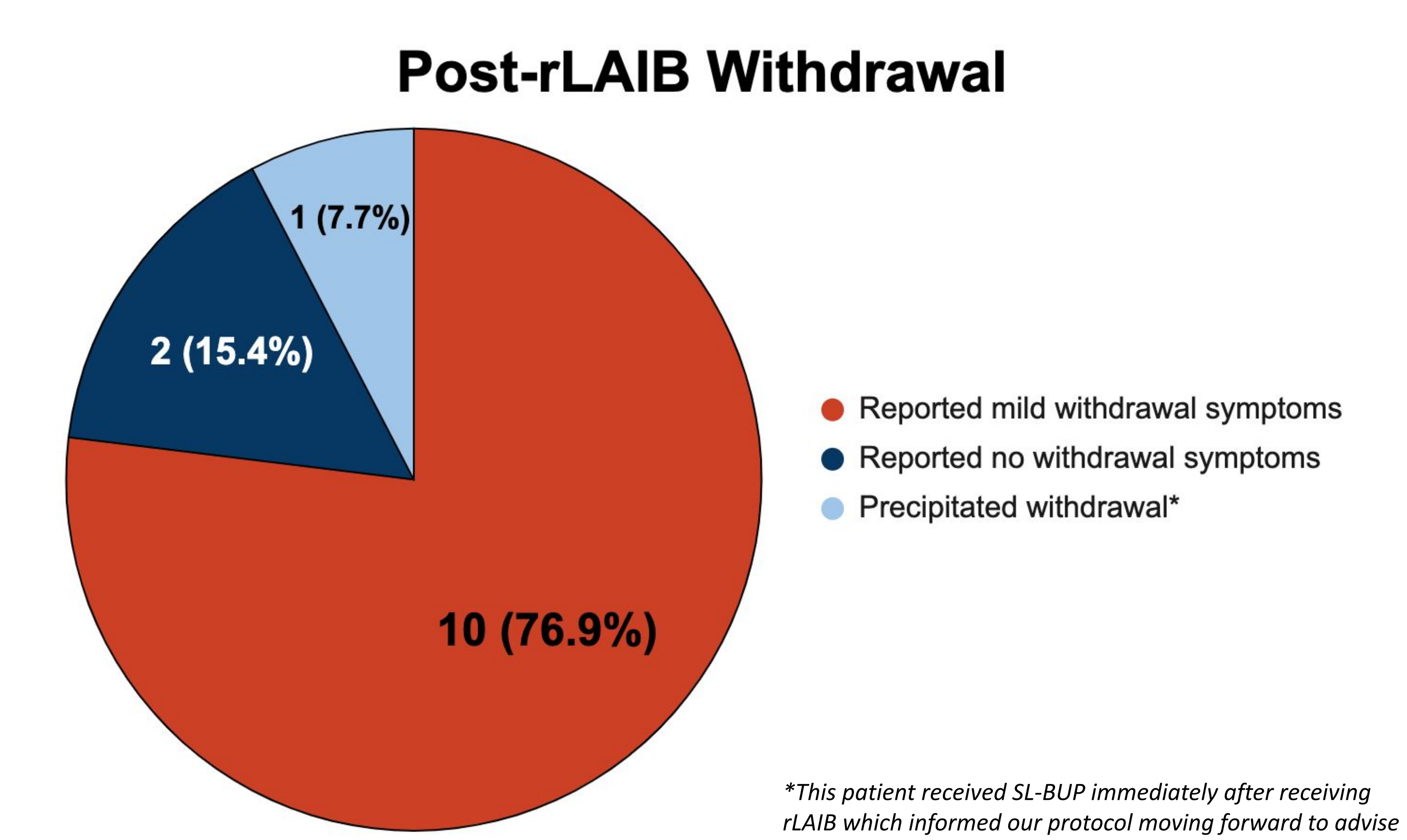
Takeaways

- This protocol was well-tolerated by patients even with COWS <4
- 12 out of 13 patients reported no or mild withdrawal symptoms after receiving rLAIB
- More than half of patients received a second dose of LAIB within 1 month of receiving rLAIB

Results

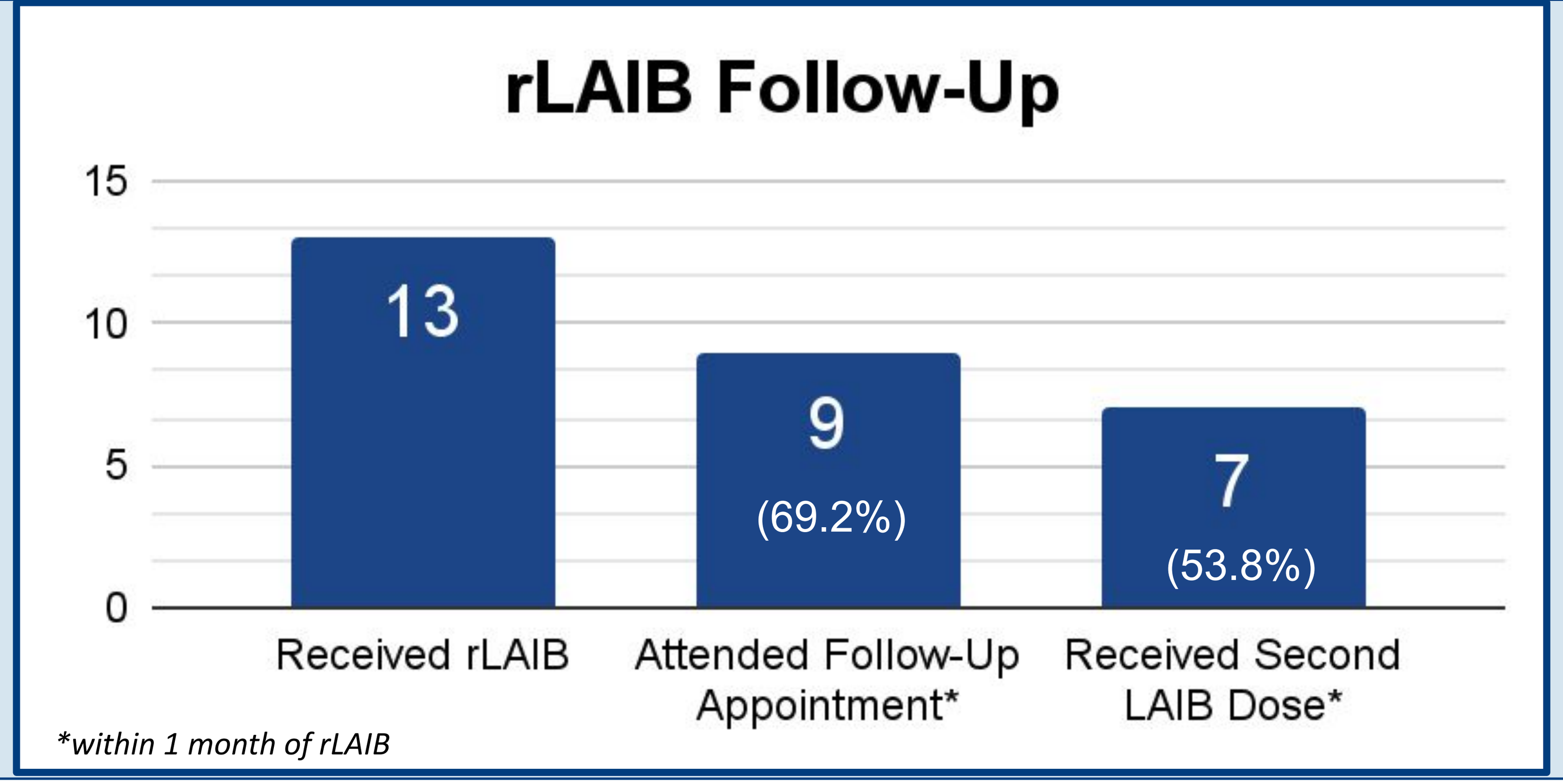
Demographics (n=13)	
Age, median (range)	39 (29-67)
Male, n (%)	8 (61.5%)
Race, non-white, n (%)	9 (69%)
Injection drug use, n (%)	7 (54%)
Past SL-BUP treatment, n (%)	10 (77%)
Past methadone treatment, n (%)	9 (70%)

rLAIB Administration (n=13)	
Time since last non-prescribed opioid use, hours (range)	1-21
COWS score prior to rLAIB (range)	0-7
COWS score <4 prior to rLAIB, n (%)	9 (69.2%)
Received 32mg weekly LAIB, n (%)	9 (69.2%)
Received rLAIB at OnPoint NYC	7 (53.8%)



*This patient received SL-BUP immediately after receiving rLAIB which informed our protocol moving forward to advise patients against SL-BUP use in the first 24 hours.

Follow-Up Outcomes



Conclusions

- All but one patient tolerated rLAIB well
- High rates of follow-up LAIB receipt and appointment attendance suggest rLAIB acceptability to patients
- The rLAIB protocol allows patients to start treatment on the day they present to care, without requiring that they be in withdrawal or have already started SL-BUP
- rLAIB is an innovative, patient-centered way for individuals at high risk of fatal overdose to initiate buprenorphine in the fentanyl era
- More research is needed on this promising strategy
- Limitations: small sample size, no control group

Authors and Disclosures

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References

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