# BRIXADI

## Long Acting Buprenorphine Injection for Opioid Use Disorders

Skowhegan, Maine

**Indication:** Maintenance treatment of moderate to severe opioid use disorder in patients not currently receiving buprenorphine treatment, patients who are transitioning from transmucosal buprenorphine containing products, or patients receiving other long acting injectable buprenorphine.

See back/next page for dosing guidance.

**INITIAL TREATMENT:** For patients not currently receiving buprenorphine treatment.

**TEST DOSE:** ❑ Buprenorphine-naloxone 4 mg-1 mg SL ONCE to ensure tolerated without precipitating withdrawal.
If tolerated, then administer 16 mg (Weekly depot) subcutaneously x1 dose, followed by 8 mg (Weekly) subcutaneously within 3 days of initial dose (total of 24 mg)

Optional: ❑ Additional 8 mg (Weekly) subcutaneously no less than 24 hours after previous dose (total weekly 32 mg)

**MAINTENANCE:**

**Weekly:** ❑ 8 mg ❑ 16 mg ❑ 24 mg ❑ 32 mg **Subcutaneously every 7 days x _____months**

- Re-order required every **6** months minimum.
- May be given up to 2 days before or after the weekly time point.

**Monthly:** ❑ 64 mg ❑ 96 mg ❑ 128 mg **Subcutaneously every 28 days x _____months**

- Re-order required every **6** months minimum.
- May be given up to 1 week before or after the monthly time point.

**Ongoing monitoring:** Periodic lab assessments may be collected during clinic for patient convenience. Doses will not be held pending results.

❑ Hepatic function panel every _____. (Labeling recommends "periodic", but specific orders needed.)
❑ Other:

**Complete** Brixadi Infusion clinic checklist prior to administration.

**REQUIRED Prior Authorization Number:** _____ [ ] pending [ ] Complete [ ] not needed*
*If not needed is chosen, date, time and name of person at health insurer who authorized.

Date:_____ Time:_____ Name:_____

Duration of authorization:_____ *See back/next page for Mainecare criteria*

**Checklist for non-RFGH providers**. Please:
[ ] Provider to provider communication is required. **Contact (207) 858-1500** to speak with the RFGH bridge clinic provider. Spoke with_____
[ ] Problem list & medication list attached to orders.

**FAX to RFGH Infusion clinic at 207-858-2404 Contact Infusion Clinic at 207-858-8722**

Revised: 7/8/25

Provider_____ Date_____ time_____

Printed name_____ Phone # _____

**RFGH Co-signature** _____ Date_____ time_____
*if above non-RFGH*

Originator: Pharmacy

Label or
Patient name_____

Date of birth_____Patient phone #_____

# Dosing Guidance

**Converting from Oral Therapy to SQ:** *Weekly doses cannot be combined to yield an equivalent monthly dose.

| SL Dose | SQ Weekly* | SQ Monthly | |
|---|---|---|---|
| ≤6 mg | 8 mg | N/A | Patient must stable on SL dose for a minimum of 7 days. Otherwise, use *Initial Treatment* on page 1 |
| 8 to 10 mg | 16 mg | 64 mg | |
| 12 to 16 mg | 24 mg | 96 mg | |
| 18 to 24 mg | 32 mg | 128 mg | |

**Converting from Weekly and Monthly Dosing:**

| Weekly SQ Dose | Monthly SQ Dose |
|---|---|
| 16 mg | 64 mg |
| 24 mg | 96 mg |
| 32 mg | 128 mg |

**Converting from Sublocade to Brixadi:** There have been no clinical studies looking at transitioning to and from Sublocade and Brixadi. The suggested dosing equivalents are based on steady state plasma concentration.

| Sublocade Monthly Dose | Brixadi Weekly Dose | Brixadi Monthly Dose |
|---|---|---|
| 100 mg | 24 mg | 96 mg |
| 300 mg | 32 mg | 128 mg |

**MaineCare Criteria for Use 8/12/24**

**Brixadi is a non-preferred drug. A prior authorization is not needed if the following criteria are met and clearly documented in the record.**

| **The prescriber can attest (and medical record should document) that:** |
|---|
| −member has a documented history of opioid use disorder (OUD), **AND** |
| −XRB is being used for the treatment of OUD (rather than pain or any other non-FDA approved indication) **AND** |
| −member's total daily dose of sublingual buprenorphine is less than or equal to 24 mg daily. |
| **AND at least one of the following is true:** |
| −The member's previous use of sublingual buprenorphine has included misuse, overuse, or diversion. |
| −The member is at high risk of overdose (e.g., individuals leaving incarceration or abstinence-based treatment programs; individuals who are unhoused; or those facing potential gaps in care due to delays in care or geographically limited treatment access). |
| −The member has experienced significant medical complications of OUD and/or of injection drug use. Occurrence should be in the last 5 years, or it should be clearly documented that the risk indicated by this infection or complication is ongoing (Examples of medical complications of OUD include: threatened the function of organs or life or limb threatening and required medical and/or surgical therapy. Examples of medical complications of injection drug use include osteomyelitis, endocarditis, renal failure, joint infection or other serious medical complications directly related to OUD.) |
| −The member has treatment-resistant OUD, including those with ongoing illicit substance use in the context of sublingual buprenorphine treatment as documented by positive urine drug screens or other clear objective evidence, and/or further functional decline with explicit documentation of the functional decline. |
| −The member has a significant intolerance of, or documented allergy to, sublingual buprenorphine (either buprenorphine monotherapy or buprenorphine/naloxone combination therapy) that has resulted in the patient's inability to comply with continued treatment using the sublingual product. (A true allergy is usually accompanied by rash, respiratory symptoms, or anaphylaxis. Other complaints such as bad taste, mouth tingling, etc. do not constitute evidence of allergy or significant intolerance. Formulation preference or convenience are not, in and of themselves, indications for using XRB.) |
| −The member is in ongoing treatment with XRB and would like to continue the medication. |