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## Policy Brief

### **Improving Access to Opioid Use Disorder Treatments in Street Medicine: Utilizing the Long-Acting Injectable Sublocade**

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The Street Medicine model of care for people experiencing homelessness can offer an innovative approach for providing addiction treatment through the use of Sublocade, a long-acting injectable medication. This Policy Brief explains the process that is used by street medicine providers at Clinica Sierra Vista to treat unsheltered patients in the Bakersfield area.

#### **What is Sublocade?**

- Sublocade is an extended-release abdominal subcutaneous injectable of buprenorphine, a partial opioid agonist, used in the management of opioid use disorder. The injection is administered monthly by a licensed medical provider and is often used in conjunction with substance use disorder counseling. Notably, Sublocade therapy is easier for patients to follow as its beneficial effects last one month, compared to other forms of buprenorphine like sublingual tablets that must be taken daily. By having Sublocade as a treatment option, street medicine providers can better manage patient opioid use disorder by expanding the accessibility and convenience of treatment beyond the offerings of a traditional brick-and-mortar clinic.

#### **Background of Clinica Sierra Vista's Street Medicine Program**

- Clinica Sierra Vista is a Federally Qualified Health Center (FQHC) with clinics in Kern County and Fresno County in Central California. Their street medicine program, Healthcare & Support Services for the Homeless, is located at the Baker Street Village Community Health Center in Bakersfield. The process for acquiring, transporting, dispensing, and billing for Sublocade is overseen by the clinic's Medical Director of Special Populations and Substance Use, Dr. Matthew Beare.

## Connecting to the Specialty Pharmacy

- Dr. Beare and his staff started the process for obtaining Sublocade by calling the drug manufacturer, Indivior. They spoke to a drug representative about the process for Sublocade ordering, delivery, and billing. The drug representative connected them to a specialty pharmacy, Genoa Healthcare, that stocks the medication in their area. The preferred specialty pharmacy may be different for other clinics.

## Identifying the Need for Sublocade: Patient Criteria

- After connecting with Genoa, Dr. Beare is then able to prescribe Sublocade for his street medicine patients who are looking to stop illicit opioid use. The patient must first be on another buprenorphine medication, typically sublingual dosing, for 5 to 7 days for dose adjustment to control withdrawal symptoms. After this period, Sublocade can be an option for the patient. Sublocade is available as a single-dose prefilled syringe that comes in two kinds of dosages, 300 mL and 100 mL, to be determined by the provider according to the manufacturer's prescribing instructions. Sublocade must be stored at a temperature between 35.6°F to 46.4°F; after Sublocade has been removed from cold storage and has reached room temperature, the medication must be used within 7 days or discarded.

Once a patient has agreed to Sublocade therapy, Dr. Beare or his medical assistant calls in the prescription to Genoa. The call is short, usually taking only 5 minutes, and they can provide scripts for multiple patients in the same call. The pharmacy reviews the patient's insurance and determines coverage for Sublocade. Once the Sublocade is processed, their clinic receives a delivery of the medication overnight or on the next business day and stores the medication in their fridge.

Dr. Beare reported that in his experience, there are usually no prior authorizations or patient copays for Sublocade. For Medi-Cal patients, Sublocade is a covered medication as it is included in the Medi-Cal Rx formulary for physician-administered drugs and does not require a prior authorization.

## Administering Sublocade “In the Field”

- After receipt of the package, Dr. Beare's team meets with the patient to administer the Sublocade, transporting the medication in a secured and locked refrigerated unit. As the injection can be painful, Dr. Beare's team usually administers 1.5 to 2 mL of 2% lidocaine with epinephrine to reduce the pain associated with Sublocade injection. The injection is administered, and plans for follow-up are made. If they are unable to find the patient, they bring the medication back to the clinic and attempt another visit at a later time. If the patient changes their mind and no longer wants to use Sublocade, then they waste the medication per protocol.

Since Sublocade is given monthly, Dr. Beare's team coordinates with the patient for the following month's Sublocade dosing. In addition, it is protocol for Dr. Beare's team to have a prescription of the sublingual form of buprenorphine available to the patient. This prescription can be filled, providing another avenue for the patient to continue treatment for opioid use even if they cannot be found for their subsequent Sublocade dosing.

The clinic is able to bill the patient's insurance for the cost of the medication; however, since their street medicine program does not have contracts with insurance plans for street medicine visits, they are unable to bill for the visit itself.

### Considerations and Concerns for Using Sublocade in Street Medicine

- **Need for patient follow-up.** Street medicine providers may be hesitant to start Sublocade if patients are at high risk for being lost to follow-up, thus adversely impacting treatment adherence. Contributing factors include difficulty contacting or locating the patient due to the unstable nature of experiencing homelessness combined with frequent, unpredictable movement. If buprenorphine treatment is stopped abruptly, patients can experience symptoms of withdrawal.

Dr. Beare's team helps prevent abrupt cessation of buprenorphine treatment by giving patients a prescription for sublingual buprenorphine, allowing therapy to continue even if they cannot find the patient for Sublocade administration. When determining whether Sublocade therapy should be initiated, street medicine providers should compare the risk of discontinuing Sublocade abruptly if the patient is lost to follow-up against the benefit of averting a fatal opioid overdose through successful Sublocade treatment and develop processes to support patients interested in starting therapy.

- **Patient experience – injection-related pain.** Sublocade can feel painful when administered because it must be injected into the fat of the abdomen. Dr. Beare's team has mitigated this issue by numbing the injection site with the 2% lidocaine with epinephrine and has reported this intervention has been effective.
- **Storing, handling, and transporting concerns.** Some street medicine programs have expressed reluctance in offering Sublocade due to the lack of confidence in being able to appropriately store, handle, and transport controlled substances. Sublocade is a Schedule III controlled substance, a classification given to substances that have a moderate potential for abuse, leading to the activation of additional safeguards and actions that providers must follow.

Since street medicine providers have the unique ability to transport and administer medications, including controlled substances, to unhoused patients in their area of living, more can be done to educate street medicine providers on the responsibilities of appropriately handling controlled substances.

- **Considerations for adolescents.** Though Sublocade is FDA-approved for adults, it is not yet FDA-approved for children and adolescents. Since children and adolescents may also be affected by homelessness and substance use, more research is needed to determine how Sublocade can be leveraged in younger populations.

## The Potential of Sublocade for Street Medicine

- Long-acting injectable Sublocade has been used successfully in street medicine, as the monthly dosage regimen is much easier for unsheltered patients to follow compared to the daily dosage schedule for sublingual buprenorphine. As homeless patients experience the instability of living on the streets, it is often difficult for them to pick up medications, store them safely, and remember to take them as directed.

Sublocade provides a great opportunity to expand treatment options for opioid use disorder, improve patient adherence to treatment, and reduce the risk of overdose in the street medicine setting. Ultimately, patients who are able to manage substance use disorder are in a better position to manage other aspects of their health and livelihood. For unhoused patients with substance use disorder, long acting injectables may be the key to stable health, and a path forward to securing housing.

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## About the Author

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