

# Sublocade *(say sub-low-kayd)*

## What is Sublocade?

This medicine is a form of buprenorphine, the active drug in Suboxone, which is injected. The injectable form of this medicine lasts longer than the pill form.

We offer Sublocade to people with opioid use disorder who are currently taking Suboxone, and finding it is working well for them.

Some signs of opioid use disorder:

- cravings for opioids
- using more opioids than intended
- continuing to use opioids even though it causes issues in your personal or work life
- spending lots of time thinking about getting and using opioids

*My goal is to:*

- Completely stop using opioids.
- Reduce how much I crave opioids.
- Reduce how much non-prescription opioids I use.
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## How does Sublocade work?

Buprenorphine works on the same parts of the brain as other opioids like fentanyl, heroin, morphine, and oxycodone, to reduce cravings and prevent withdrawal. It attaches more tightly than most other opioids and can block some of their effects to reduce risk of overdose.

Ways this medicine can help you:

- **Reduce** your cravings for opioids.
- **Reduce** your use of non-prescribed opioids.
- **Reduce** your chances of an opioid overdose.
- **Reduce** your risk of opioid overdose.

## Do I have to pay for this medicine?

PharmaCare covers the cost of Sublocade for all residents of British Columbia. Please talk to your prescriber or pharmacist if you have questions about this.

## How do I take Sublocade?

- A healthcare provider gives this medicine to you **one time every month**.
- The medicine is injected just under your skin into the fatty tissue of your abdomen where it slowly releases into your body over the month.
- Make an appointment each month to get your injection. This medicine works better when you get it regularly. Set a reminder alarm to help you remember.

## What do I do if I miss a dose?

If you miss a dose, call your prescriber right away or visit a Rapid Access Addictions Clinic (see page 2).

Depending on how much time has passed since the time you were supposed to get the injection, you might still be able to get the injection, or you might need to first go back to taking Suboxone.

## What else should I know?

While this medicine partly blocks the effects of other opioids, it does not completely protect you from opioid overdoses. Make sure you have, or someone around you has, a naloxone kit. Try not to use opioids alone.

This medicine is meant to reduce your cravings. If cravings continue, speak to your prescriber.

Call your prescriber right away if, before your next planned injection, you start to feel opioid withdrawal (“dope sick”) or your cravings get worse. The prescriber might need to adjust the dose.

Let your prescriber know if you are using birth control or are planning to become pregnant.

It is best not to drive or operate heavy machinery until you know how the medicine affects you.

Always check with your prescriber or pharmacist before taking any new medicines, including medicines you get with or without a prescription, herbal medicines, and supplements.

## What should I look out for?

### Common Side Effects



- 1. Bump where medicine is injected**  
It is normal to see and feel a small bump where the medicine is injected. It will get smaller over the month. Try not to press on or rub the bump.



- 2. Pain, itching, or bruising where the medicine is injected**  
This is common. Bruising usually goes away within a few days.  
Do not to scratch the area. Try using an ice pack to help with pain and itching.



- 3. Stomach upset or constipation**  
Drink plenty of water.  
Talk to your prescriber or pharmacist if this does not go away after 2 to 3 days.



- 4. Headache**  
This should improve over time.  
Talk to your prescriber or pharmacist if it continues to bother you.

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### Rare but Serious Side Effects

- 1. Liver or other organ problems**  
Your prescriber might ask you to go for blood tests to check how well your liver and other organs are working before and after starting this medicine.
- 2. Serotonin syndrome**  
This can happen when there is too much of a brain chemical, called serotonin, in your body.  
Early symptoms include feeling confused or agitated, muscle twitching, sweating, shivering, or diarrhea.  
Serious symptoms include a very high fever, seizures, heart skipping beats, or blacking out.  
**Go to the nearest Emergency** if you notice any early symptoms. **Call 911** if you have any serious symptoms.

## When should I get help?

**See your prescriber as soon as possible** in these situations:

- You continue to crave opioids.
- You are bothered by any of the side effects.
- You have any questions or concerns about this medicine or your opioid use.

If you do not have a prescriber, or they are not available, visit the closest **Rapid Access Addiction Clinic**:

Abbotsford	102-32463 Simon Avenue Phone: 604-851-3752
Chilliwack	45600 Menholm Road Phone: 604-703-6976
Mission	7298 Hurd Street Phone: 604-814-5625
New Westminster	330 East Columbia Street Phone: 604-520-4253
Surrey	13740 – 94A Avenue Phone: 604-587-3755 (Option 3)
Vancouver	2nd floor, 1081 Burrard Street Phone: 604-806-8867
Victoria	1119 Pembroke Street Phone: 250-591-3776

**Call 911 or go to the nearest Emergency Room if:**

- You notice any symptoms of serotonin syndrome.
- You notice any of these signs of an allergic reaction: rash, hives, swelling of the face, tongue, or throat, trouble breathing.
- You use other opioids, and you feel like you are either very intoxicated or in bad withdrawal (dope sick).

**My next appointment**

Dose \_\_\_\_\_ Date / Time \_\_\_\_\_

Where \_\_\_\_\_

## It's good to ask questions

Anytime you have any questions or concerns about taking this medicine, talk with one of your healthcare team.

**Call 811** (HealthLinkBC) after hours, and for any other health or medicine advice.

This information does not replace the advice given to you by your healthcare provider.

HealthLinkBC is open 24 hours a day and available in 130 languages. For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

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