First Contact Clinical

Buprenorphine (BPN) prescribing for Substitute Medication: Policy statement

1 Summary of policy (from 24 April 2013)

1. **All prescribing from the ST SMS will be for Buprenorphine and not Subutex – there will be no exceptions to this.**

2. Clients who are have been issued a Subutex script (or had their buprenorphine script hand amended to Subutex) will be changed to Buprenorphine even if the consequence is that they elect not to continue on this drug.

2 Policy rationale

2.1 National Policy

Most medications used in the UK are generic unless there are concerns about bioavailability e.g. lithium. All PCTs and GP practices have targets for the percentage of generic drugs used. The pharmacist has an obligation to dispense the cheapest generic product that they can access. Generic drugs save the NHS money.

2.2 Local concerns

The directors of FCC and Clinical Lead have met with the Medicines Management team at the PCT and with police, commissioners and other local stakeholders over the last year. There are persisting concerns about the over-availability of Buprenorphine and diversion. Feedback from clients suggests that there is a price premium for street Subutex over generic buprenorphine.

Previous prescribers have only been able to prescribe generic buprenorphine on the Carenotes database. But have hand amended the prescription to Subutex. This has created a great deal of tension between some clients, the prescriber, the SMP (Substance Misuse Practitioner) and the pharmacist. Some clients have offered to pay pharmacists to 'extra' money to upgrade from buprenorphine to Subutex.

There appears to be little basis for complaints that there are less or no side effects with Subutex compared with generic buprenorphine. It appears to be primarily client preference. This is of most concern if the client has all their medication unsupervised. On the 7th March we also introduced a policy that ensures that all SMS (Substance Misuse Service) clients have at least one supervised dose a week. This is to reduce diversion.

2.3 Clinical Governance and risk

- Our primary concern is to reduce the risk of patient deaths from buprenorphine and other prescribed drugs.
- We believe that all clients should have at least one supervised dose of methadone or BPN each week.
- From 24th April our policy will be;

All prescribing from the ST SMS will be for Buprenorphine and not Subutex – there will be no exceptions to this.

2. Clients who are have been issued a Subutex script (or had their buprenorphine script hand amended to Subutex) will be changed to Buprenorphine even if the consequence is they elect not to continue on this drug.

3 The process of change

There is a risk in starting supervision for buprenorphine if there has been none. The risk is that they have not been taking their substitute medication and accidentally overdose.

It is critical that the SMP or prescriber emphasise this risk and offer an 'amnesty' so that if they have not been taking their substitute or only a part of it that it can be stopped or the dose reduced. This discussion must be written in the records.

The prescriber and SMP should explain the change in prescribing. Normally we would highlight this change ahead of time. We would use the phrase 'this is the local Commissioning Group endorsed policy' A client leaflet will be available to give to patients. You should emphasise that this policy has been agreed by the PCT, SMS and local pharmacists.

If the client elects not to have a change to buprenorphine they must not be issued a computer printed or hand amended script for Subutex, even if this means that they leave with no prescription. Most and probably all clients will make the change successfully. Some clients may elect to change to methadone rather than not have Subutex.

Pharmacists will not allow clients to pay additional money to upgrade their generic buprenorphine to branded Subutex; this undermines local policy.

4 Policy redress and safety concerns

- This policy will be reviewed by the SMS, LPC and with the MMT at the next Shared Care Monitoring Group meetings.
- We will communicate this policy to all patients and the local Service User Group.
- Comments on this policy should be addressed to the signatories to this policy statement.

First Contact Clinical - ST Substance Misuse Service

Medicines Management ST Clinical Commissioning Group

Gateshead and South Tyneside Local Pharmaceutical Committee