SHARED CARE AGREEMENT

Name of medicine Buprenorphine oral preparations

Indication For maintenance treatment of opioid dependence

Version: **2.0** Approval date: **December 2021** Review date: **December 2024**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available here.

Roles and Responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant

- Initiation, titration and stabilisation of treatment.
- Liver function tests for pre-treatment baseline and ongoing monitoring until prescribing transferred to GP.

General Practitioner

- Ongoing review and assessment of compliance and stability in treatment including toxicology (twice yearly in stable patients, more often if there are concerns).
- Ongoing monitoring of liver function tests regularly and perhaps sooner if there is evidence of liver disease e.g. liver enzyme abnormalities, infection with hepatitis B or hepatitis C virus, concomitant use of other potential hepatotoxic medicines or alcohol.
- Liaising with the Substance Misuse Directorate team regarding any complications of treatment.

Patient, Relatives, Carers

- As listed in the NHS Lothian Policy and Procedures for the Shared Care of Medicines.

Support and Advice for the GP

The Addiction Treatment and Recovery Care (ATRC) Team through local recovery hubs/gateway clinics.
The relevant contact information can be found in correspondence from the ATRC Team.

Helpful information and advice regarding management of patients can be found in the opioid dependence section of the Lothian Joint Formulary Formulary | Lothian Joint Formulary (nhs.scot)

Key information on the medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk , for complete details and specific guidance.

Background to disease and use of drug for the given indication

This SCA applies to adults and adolescents 16 years of age or over who have agreed to be treated for opioid dependence.

Buprenorphine prescribing is included within the National Enhanced Service for drug misusers, and monitored by the Primary Care Facilitation Team.

Buprenorphine oral preparations are available in three preparations in the context of maintenance treatment of opioid dependence; buprenorphine sublingual tablet, Suboxone and Espranor.

Dose induction and stabilisation with buprenorphine sublingual tablet will be initiated under the supervision of a specialist in addictions. This includes patients converting to buprenorphine from methadone. The dose of buprenorphine sublingual tablet is titrated according to the clinical effect on the individual patient and should not exceed a maximum single daily dose of 32mg.

A minority of patients may be initiated onto and prescribed buprenorphine with naloxone (Suboxone®) for maintenance. This may be due to risk of intravenous use where the naloxone component is designed to deter this practice, although if misuse is suspected, effective supervision by a community pharmacist would normally be requested or prescribing methadone may be more appropriate. The Addiction Treatment and Recovery Care (ATRC) team may request that GPs continue prescribing for these patients as well.

Dose induction and stabilisation with Espranor will be initiated under the supervision of a specialist in addictions. This includes patients converting to buprenorphine from methadone. Espranor is an oral lyophilisate formulaton of buprenorphine that is administered via the oromucosal route. Espranor is **not interchangeable with other buprenorphine products**. Different buprenorphine products have different bioavailability. Therefore, the dose in mg can differ between products. Once the appropriate dose has been identified for a patient with a certain product (brand), the product cannot readily be exchanged with another product. The route of administration for Espranor is **on the tongue**, not under it. The dose of Espranor is titrated according to the clinical effect on the individual patient and should not exceed a maximum single daily dose of 18mg.

Further information and background on treatment of opioid dependence can be found from these sources:

1. Lothian Joint Formulary Formulary | Lothian Joint Formulary (nhs.scot)
2. Drug Misuse and Dependence: UK Guidelines on Clinical Management. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive, 2017. Informally known as "The Orange Guidelines". https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf
3. Guidance on methadone and buprenorphine for the management of opioid dependence. NICE Technology Appraisal. London: National Institute of Health and Clinical Excellence, 2007. Available at https://www.nice.org.uk/guidance/ta114

Dosage and Administration - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Monitoring - Refer to section on Roles and Responsibilities above and to the current SPC: www.medicines.org.uk

Test	Frequency	Abnormal result	Action if abnormal result
Toxicology – Oral Fluid Test/Urine Test	Every 6 months in stable patients, more often if there are concerns	Positive for other opioids or negative for buprenorphine	Repeat and discuss with patient if results persist. Review treatment as appropriate. Seek advice from SMS if necessary
LFTs	Regularly or more frequently if there is evidence of liver disease e.g. liver enzyme abnormalities, hepatitis B or C, concomitant use of other potentially hepatotoxic medicines or alcohol	Abnormal LFTs	Investigate for causes and if necessary seek advice from the Liver unit or SMS

Cautions, contraindications, drug interactions – Refer to current SPC: www.medicines.org.uk

Adverse effects - Refer to current SPC: www.medicines.org.uk

The presence of this SCA does not compel a GP to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

Approved for use by the General Practice Prescribing Committee December 2021