Trina Ritchie, Lead Clinician
Jennifer Kelly, Pharmacist Prescriber

NHS GGC Alcohol Drug Recovery Services
Disclosures:

- Speakers fees and advisory board fees from Camurus
- Grants from Indivior
Current progress in Greater Glasgow and Clyde

• Patient-centred care prioritising ethos of: “right medication, right product, right dose”

• Exclusion criteria* (although not absolute):
  – Prefers treatment with methadone or transmucosal buprenorphine
  – Has other pharmacy instalment dispensing i.e. HIV anti-retrovirals
  – Is pregnant

• Currently over 200 patients in treatment with Buvidal®

*In addition to contraindications listed in the Buvidal® (buprenorphine) SmPC. Camurus AB. 18 June 2020.
Pilot Injectable Prolonged Release Buprenorphine

- Two CAT teams in South Glasgow
- 500 individuals on OAT
- 19% prescribed buprenorphine
- Identified 20 individuals on sublingual buprenorphine
- Excluded recent problematic drug use, non-fatal overdose, physical health issues, other instalment medications
Drug screening for opiates, cocaine, benzodiazepine and amphetamine*

*Near patient urine drug screening was completed at commencement of Buvidal® and after 6 months of treatment;

Engagement with structured daily activity†

†Structured daily activities measured included employment, recovery community, occupational therapy, jobs and business training.

Our experience of patient groups who may benefit

- Patients with first treatment episode opioid dependence
- Patients with opioid dependence caused by pain medications
- Young people and children using heroin
- Patients who frequently miss days at pharmacy
- Patients resistant to optimal methadone dosing
- Patients progressing in recovery
- Patients living with children potentially at risk of medication ingestion
- Patients who are frequently remanded
- Patients who feel “stuck” or stigmatised on OST
Up-take in South Glasgow community team

June/July 2020:

- 32 patients started OST
- 50% chose Buvidal®
- 44% chose methadone
- 6% chose transmucosal buprenorphine
- 88% 1st-time OST chose Buvidal®
- 65% who previously had methadone chose to return to methadone

*‘New-to-treatment’ patients with a new OST episode following at least 1 month off OST.
### Patient satisfaction with medication

<table>
<thead>
<tr>
<th>Average age</th>
<th>43 years</th>
<th>Range 25–63 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>74% male</td>
<td></td>
</tr>
<tr>
<td>Average time on OST pre Buvidal®</td>
<td>8.5 years</td>
<td>Range 0–25 years</td>
</tr>
<tr>
<td>Average time on Buvidal®</td>
<td>27 weeks</td>
<td>Range 13–52 weeks</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>85% extremely satisfied</td>
<td>15% very satisfied</td>
</tr>
<tr>
<td>Side effects</td>
<td>85% no side effects</td>
<td>15% much less side effects</td>
</tr>
<tr>
<td>Prefer Buvidal® to previous OST?</td>
<td>31* (100%) yes</td>
<td></td>
</tr>
<tr>
<td>Positive comments from others?</td>
<td>12 (35%) yes</td>
<td></td>
</tr>
</tbody>
</table>

OST, opioid substitution treatment.


* 3 patients had no previous treatment experience for comparison
Experience of tapering to abstinence

- 12 patients have completed planned detoxification
- No withdrawal symptoms reported
- No top-ups or symptomatic relief required
- 2 patients relapsed and quickly returned to Buvidal
Transfer of Buvidal to daily ORT treatment

If service users are to be switched from Buvidal to daily ORT treatment (transmucosal buprenorphine or methadone), this should be done one week after the last weekly dose or one month after the last monthly dose of Buvidal. For transmucosal buprenorphine this would be at the dose corresponding to the recommendations in Table 3.

Table 3. Recommended dose conversion between monthly Buvidal and daily transmucosal dosing

<table>
<thead>
<tr>
<th>Monthly dose of Buvidal</th>
<th>Daily dose of transmucosal buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 mg</td>
<td>12 mg</td>
</tr>
<tr>
<td>96 mg</td>
<td>16 mg</td>
</tr>
<tr>
<td>128 mg</td>
<td>18 mg</td>
</tr>
</tbody>
</table>

For transfer to methadone there is no recommended dose equivalent. A clinical judgement will be required, balancing risk of methadone toxicity with established opiate tolerance. The conservative position would be to restart methadone at 30mg daily and quickly titrate.
GGC ADRS Buvidal® Named Patient
Dispensed Medication
Community Standard Operating Procedure

Lead Authors: Tracy Stafford, ADRS Professional Nurse Lead
Elizabeth Lamb, ADRS Practice Development Nurse
Jennifer Kelly, ADRS Senior Pharmacist & Independent prescriber
Yvona Moloney, ADRS Lead Clinician

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