



Buprenorphine briefing paper for Humankind substance misuse service commissioners, stakeholders.

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We are all aware that there has been a huge rise in the cost of **Buprenorphine** and of the financial impact this has within substance misuse services and in local authorities where drug prescribing budgets sit outside SMS contracts.

In response to this, we at Humankind would like to discuss ways to reduce these costs while at the same time maintaining our high standards of safety and patient choice.

This could involve a more flexible approach to our formulary with short term changes to medications offered. We would like to start a dialogue with our commissioners and other stakeholders about this possible way forward.

Background

There have been some developments around different preparations of Buprenorphine affecting price and supply ¹. Humankind would like to take this opportunity to summarise the information so far and share proposed next steps.

There is no simple formula that can be recommended to determine the suitable clinical choice of methadone or buprenorphine for the treatment of opioid dependence.

Both of these medications have a very substantial evidence base for effectiveness and it is appropriate for clinicians to discuss these complex issues with patients in obtaining informed consent for their treatment ².

Humankind have policies and procedures to ensure that our prescribing formulary (the list of medications that can be prescribed within the service) is updated not only with changes in clinical guidance but also changes due to availability, resulting from shortages and new formulations.

The last significant event disrupting supply was as a result of Lofexidine discontinuation. In response to that situation, Humankind (known as DISC at the time) rapidly co-created a national document entitled 'Clinical Guidance in Managing Current Lofexidine shortage' ³.

We now find ourselves in a similar situation because of buprenorphine's recent astronomical rise in cost.

Humankind, as part of Collective Voice, the consortium that supports substance misuse organisations to have a voice within government to engage and influence national policy within the sector, have already lobbied the Department of Health regarding the unsustainability of these costs for our sector.

We now seek to take extra steps to navigate the supply and cost issues of buprenorphine and its different formulations.

Pharmaceutical company rebate

The latest approach taken by some is a short-term relationship with a pharmaceutical company that would guarantee the supply of their particular branded medication at a reduced and fixed cost.

In return, the service is expected to facilitate, wherever possible, a complete change over to that brand.

Such short-term arrangements are attractive as securing a fixed cost will provide savings but also improve planning and avoid issues around disruption of supply.

Further savings are being explored by reviewing the item cost of supervision payments made for certain branded medications, that can take less time to be supervised.

This arrangement would create reliability of prescribed medication and savings on prescribing that could be diverted to other areas of service. Notably the arrangements after the end of the relationship need to be considered, including switch back to alternative preparations; dependent on amongst other things price fluctuations at the time.

Managing Risk

Humankind is committed to keeping Service User choice and safety at the forefront of decision making. Factors to consider, for example, are that the dose of the various preparations are not always the same, hence transfer between these preparations needs to be done with caution to avoid patients under or overdosing at time of change; this would be managed within our current clinical governance arrangements.

What do you think? We want your views

To start our dialogue about a more flexible approach to formulary, your Humankind service Operations Director will contact you about whether you wish us to negotiate with our suppliers in order to make savings on prescribing costs, either within our current budgets or on behalf of local authorities where budgets sit outside of substance misuse services.

As Medical Director, reviewing the medications that we offer based on cost, is one way in which we can address the increasing financial constraints that are being put upon our services. Although short term changes to medications is not a preferred option, using our good clinical governance principles together with an open and honest dialogue with our Service Users and yourselves, there is a place for a Flexi-formulary that can appropriately respond to external supply and cost factors.

If you have any further queries and would like to contact me directly for a full discussion please do not hesitate to contact Emma Haigh (ehaigh@nhs.net) to arrange a suitable time.

References

1. [Buprenorphine used in the treatment of opioid dependence: availability and price.](#)
2. Drug misuse and Dependence UK guidelines on clinical management- "Orange Guidance " 2017. Chapter 4.
3. [Clinical guidance in managing current Lofexidine shortage.](#)