Northern Treatment Advisory Group

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	7th September 2021
Appraisal & Details	The Northern (NHS) Treatment Advisory Group considered an appraisal of **Buprenorphine prolonged release injection for opioid dependence.**
Recommendation	**The Northern (NHS) Treatment Advisory Group supports the introduction of long-acting injectable formulations of buprenorphine by Substance Misuse Service Providers (SMSPs) (i.e. as additions to the local area formularies as RED drugs) as alternative option for the management of opioid dependence after oral methadone and/or oral buprenorphine. APCs will need to consider the products for inclusion, e.g. one product, a limited range or all available potential products.** **Long-acting injectable formulations of buprenorphine may be an option in the following circumstances:** • **where there is a risk of diversion of opioid substitution medicines or concerns about the safety of medicines stored at home** • **for service users who have difficulties adhering to daily supervised opioid substitution medication** • **for service users in custodial settings, where the risk of diversion and time needed for supervised consumption currently leads to challenges in supplying supervised medicines safely** **As part of this recommendation, it is important that through the Regional Drug and Alcohol Commissioner's Group there is:** 1. **Funding agreed with the local authorities as the commissioners of substance misuse services.** 2. **An agreed pathway for discharge from the prison service.** 3. **A consistency of approach to identification of eligible client cohorts in the community (e.g. in line with the recommendations in the NICE ES; and with a recognition that the benefits for use in a prison setting will be different from reasons/benefits for use in the community).** 4. **Monitoring of the use of long-acting injectable formulations of buprenorphine.** 5. **Sharing of best practice for the introduction of long-acting injectable formulations of buprenorphine by SMSPs.** 6. **Awareness is raised amongst wider partners across the region (e.g. CCGs, GP practices, Trusts and the NEAS) of Long-acting injectable formulations of buprenorphine, in particular the implications for pain management and overdose.** 7. **SMSPs inform GP practices of patients on long-acting injectable formulations of buprenorphine provision in a timely manner so that this can be recorded in the Summary Care Record for the purposes of pain management, potential drug interactions, clinical interventions, and the treatment of any overdose.**

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Clinical evidence summary	A NICE Evidence Summary (ES) Opioid dependence: buprenorphine prolonged-release injection (Buvidal®) ES19 was published in February 2019. In April 2021, on behalf of the national Regional Medicines Optimisation Committee (RMOC) system, RMOC (South) led on and published Buprenorphine long-acting injection: considerations for opioid substitution treatment use in community settings and secure environments in England.
Safety	The most common adverse events with buprenorphine prolonged-release injection (Buvidal®) were injection-site pain (8.9%), headache (7.5%), constipation (7.5%), nausea (7.0%), injection-site pruritus (6.1%) and injection-site erythema (5.6%). These were also the most common adverse events in the sublingual buprenorphine–naloxone (placebo injection) group, with similar proportions of participants experiencing these. Insomnia was reported by slightly more people in the buprenorphine prolonged-release injection group compared with the sublingual buprenorphine–naloxone group (5.6% compared with 2.8%). The Buvidal® summary of product characteristics states that deaths from respiratory depression have been reported in people having treatment with buprenorphine, particularly when used in combination with benzodiazepines. Deaths have also been reported when buprenorphine is used in combination with other depressants (such as alcohol), pregabalin and gabapentin, or other opioids. Once administered, the prolonged-release injection dose cannot be removed. In the case of overdose, the long duration of action of buprenorphine along with the prolonged-release properties of the subcutaneous injection should be taken into account when determining length of treatment needed to reverse the effects of overdose.
Patient Perspective	Buprenorphine prolonged-release injection may be an option where there is a risk of diversion of opioid substitution medicines or concerns about the safety of medicines stored at home. It may also be an option for people who have difficulties adhering to daily supervised opioid substitution medication, such as for people who are working or in education. Buprenorphine prolonged-release injection may also have a place in treating opioid dependence in people in custodial settings, where the risk of diversion and time needed for supervised consumption currently leads to challenges in supplying supervised medicines safely.
Cost analysis summary	Buvidal® is significantly more expensive than generic sublingual buprenorphine (therefore will have a significant impact on the relatively limited drug budgets of SMSPs when provided by third party providers) however it is administered in a very different way (e.g. it is administered as a weekly or monthly injection and cannot be handled by a client) making an overall treatment cost comparison challenging.
Financial impact **PbR: NA**	The drug acquisition costs of buprenorphine tablets and methadone oral solution are lower than the weekly or monthly cost of Buvidal® but other costs may be reduced by using prolonged-release buprenorphine injection A “Buvidal® cost calculator” is provided with the RMOC guidance for organisations/commissioners to determine the potential financial impact for a local population. Additional costs of using buprenorphine prolonged-release injection include healthcare professional time and appropriate facilities to administer the injections. The increased drug acquisition cost compared with other treatments for opioid dependence, and additional administration costs of buprenorphine prolonged-release injection might be partially offset against savings made through removal of the need for dispensing and supervised consumption of medication.