Buprenorphine 7 day patches to Butec® brand switch protocol

Applies to

HaRD CCG employed Pharmacists and Medicines Optimisation Technicians.

These protocols are produced by the NY&AWC MM team hosted by HaRD CCG for use by their employed MM team members. They can be adopted for use by other healthcare staff working in GP practices across NY&AWC CCGs but HaRD CCG accepts no responsibility for the use and application of these protocols in these situations. External staff working to these protocols must agree with their own employer whether they are competent and able to work to these protocols.

Rationale

Buprenorphine 5mcg/ 10mcg/ 15mcg/ 20mcg per hour, 7 day transdermal patches are now available from several manufacturers. It is nationally recommended that these patches are prescribed by brand from a clinical safety perspective. This also ensures best value to the NHS when a cost effective brand is selected. The available brands include BuTrans®, **Butec®**, Panitaz® and Reletrans®.

This protocol describes a switch to the Butec® branded patch product. Both Butrans® and Butec® are a matrix patch type.

Strength	Generic (and BuTrans®)Buprenorphine 7 day transdermal patch (pack of 4)	**Butec®** 7 day transdermal patch (Pack of 4)
5mcg/hour	£17.60	£7.92
10mcg/hour	£31.55	£14.20
15mcg/hour	£49.15	£22.12
20mcg/hour	£57.46	£25.86

Note Prices correct as of 11th December 2018 – Drug Tariff and information received from NHS (BSA).

Method

1. Staff working to the protocol should be familiar with the current BNF advice and the Summary of Product Characteristics for medicines included in the protocol.
2. Check the practice has agreed to the protocol and a signed copy is in place. Check whether the practice wishes patients to be sent the Butec® manufacturer's patient information leaflet.
3. Check for any extra exclusions or amendments to the protocol made by the practice.
4. Rearrange practice formulary/add "do not use" codes to prevent future inadvertent prescribing. Check prescribing support software prompts are in place where relevant.
5. Notify local pharmacies/dispensary of work being undertaken and inform any relevant practice staff e.g. dispensary staff. This is important as they will need to manage stock of other brands currently in the CD cabinet.

   - Ensure pharmacies / dispensing practices are able to obtain stock via their wholesalers.

6. Run a computer search to identify patients who are currently receiving prescriptions for all strengths of buprenorphine 7 day transdermal patches prescribed generically and as BuTrans®

7. Use the data collection form (Appendix 1) and the medical records to record the following:
    - Patient identifier
    - Allergies checked
    - Current prescription, strength, dosage, quantity. (Note if patient is prescribed two patches, please check that this intentional)
    - Previous prescriptions (e.g. has patient had drug you are switching to before?)
    - Contraindications/ cautions to Butec® / buprenorphine use
    - Hepatic impairment? Y/N
    - Exclusions
    - Patient referred to GP?
    - Suitable to switch Y/N? State strength/dose/quantity switched to
    - Record whether the patient is switched and letter sent

8. Identify patients to exclude, those considered suitable to 'switch now' and those needing special consideration by GP.

9. If a patient is excluded, add a consultation note listing reasons why they are unsuitable.

10. For those patients who can be switched now or approved by GP; change repeat medication on computer from:

Buprenorphine (or BuTrans) 5mcg/10mcg/15mcg/20mcg 7 day patch → Butec brand 5mcg /10mcg/15mcg/20mcg 7 day patch
(same dose/ directions)

11. Ensure that the old medication is archived.

12. Send a letter to the patient advising them of the change. Liaise with practice staff to organise mail merge of letters and posting. At the end of the session, for all those changes that have been completed, a letter must be ready to send to the patient for information. Note that there is a Butec patient information leaflet available that if required / agreed by the practice can be sent to the patient also.

13. Add READ code 8BIr (on Emis) or XaJKo (on Systm One) 'drug changed to cost effective alternative' for all patients switched.

14. Problem link drug to disease (where possible).

15. Inform relevant practice staff of the work undertaken.

16. Use an activity log to review all changes made and to measure the effectiveness of the switch. Estimate cost savings made and present results back to the practice and organisation.

17. Continue to monitor the long term outcomes of the switch e.g. cost savings via PPD data, complaints, problems encountered etc.

Exclusions – do not switch

1. Allergy (hypersensitivity) to the active substance, buprenorphine or to any of the excipients in Butec® brand (see SPC).
2. History of intolerance to the Butec® brand.
3. Previous history of application site reactions suggestive of allergic contact dermatitis with buprenorphine patches.
4. Pregnancy/Breastfeeding.

Check the Butec® product data sheet prior to commencing work to confirm there are no new changes to the prescribing information e.g. contraindications, since the protocol was last reviewed www.medicines.org.uk If any changes to the data sheet need to be addressed, raise with MMT senior colleague.

To flag up for special consideration by prescriber – individual approval required via electronic task

1. Significant drug interaction with Butec® (see BNF Appendix 1 and data sheet (available at www.medicines.org.uk for further details). Also check GP prescribing systems for any interactions at the time of adding. Seek advice from pharmacist as to the significance of the interaction, and flag to the GP for consideration, rather than just excluding from the switch.
2. Any patient prescribed buprenorphine patches for any condition other than the treatment of non-malignant pain of moderate intensity when an opioid is necessary for obtaining adequate analgesia.
3. Patients under 18 years of age as Butec is licensed for over 18s only.
4. Patients prescribed any combination of patches that exceed 40mcg/hr (this is the maximum dose stated in SPC).
5. Patients with hepatic insufficiency as these should be carefully monitored during treatment with buprenorphine patches.
6. Patients with severe hepatic impairment as consideration of alternate therapy should be considered, and buprenorphine patches used with caution, if at all, in such patients.
7. Patients whose respiratory centre and function are severely impaired or may become so (CI in SPC).
8. Patients who are receiving monoamine oxidase (MAO) inhibitors or have taken them within the last two weeks (CI in SPC).
9. Patients suffering from myasthenia gravis (CI in SPC).
10. Patients suffering from delirium tremens (CI in SPC).
11. Any patient that you are concerned may be unsuitable for switching, or other prescribing issue that you are concerned about.

12. Prescriptions with no clear dosage instructions.

Points to discuss with practice

1. Who is the contact in the practice for the project?
2. Seek agreement from practice as to whether palliative care patients can be switched. Patients considered to be in the last few weeks of life would not normally be included in a switch.
3. Agree content of patient letter – a possible form of words is attached below.
4. Agree the number of repeats to issue for patients who are switched.
5. Any practice additions, deletions or amendments to the protocol.

References

1. BNF/NICE online accessed December 2018 – https://bnf.nice.org.uk/drug/buprenorphine.html
2. SPC for Butec® EMC accessed December 2018 - https://www.medicines.org.uk/emc/medicine/31486

Agreement to protocol

Please detail any amendments to the protocol here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Please note that the practice representative signing this protocol agrees that:

- **The practice will take responsibility for the notification of all relevant practice staff.**
- **The practice has made patients aware that their records are accessed by medicines optimisation team staff for these purposes eg: via practice leaflet, website or other communication and that the practice has applied appropriate restriction to the records of patients who have withdrawn consent.**

Document version control

Version	State changes	New version	Actioned by
	New protocol approved and authorised	1 00	RA October 2016
1 00	New initial statement regarding protocol use.	1 01	SK November 2016
1 01	Inclusion of the 15mcg Butec strength	1 02	SK February 2017
1 02	Review of protocol	1 03	JA December 2018

Possible letter

Dear ~*[Title/Initial/Surname]*

Your repeat prescription for Buprenorphine / BuTrans* 5mcg/10mcg/15mcg/20mcg* 7 day patches (*delete as appropriate)

The practice has been reviewing its prescribing of **Buprenorphine / BuTrans* 5mcg/10mcg/15mcg/ 20mcg* 7 day patches (*delete as appropriate)**. This is to ensure our patients receive the best treatment offering the best value to the NHS. As a result we have changed your future prescriptions to **Butec 5mcg/10mcg/15mcg/20mcg* 7 day patches (*delete as appropriate)**.

The strength and dose of Butec 5mcg/10mcg/15mcg/20mcg* 7 day patches **(*delete as appropriate)** is the same and you should not notice any difference in effect.

Your medication will be changed automatically so please order your next prescription in the usual way. It would help the NHS save money if you would use up any remaining Buprenorphine / BuTrans**(*delete as appropriate)** 7 day patches first..

When you finish with your last existing patch, remove it and then replace it with the new Butec 5mcg/10mcg/15mcg/20mcg* **(*delete as appropriate)** 7 day patch after the appropriate time (usually on the 7th day). Refer to the dosage instructions which are written on the label when the medicine is dispensed and/or the patient leaflet for advice if you are unsure.

If you have any queries regarding this letter please contact the surgery.

All medicines should be safely stored out of the reach of children.

Yours sincerely

~ [Usual GP/Registered GP/GP Prescribing Lead/Other]

Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Appendix 1: Data Collection Form; Buprenorphine/BuTrans 7 day patches to Butec® brand switch

Patient ID:	Allergies or intolerances checked Y/N	Current Buprenorphine patch strength, dose & quantity	Previously had Butec® Y/N. If Yes, record reason why stopped	Any contra-indications/cautions to buprenorphine use? If Yes, list and flag to GP	Hepatic impairment? Y/N	Patient has an exclusion to switch to Butec®	Flagged to GP? Y/N Record reason	Butec strength and dose switched to	Patient switched Y/N	Letter sent? Y/N