



**Attn: Directors of Public Health**

**Buprenorphine – advice from PHE (3)**

Gateway number: L2018-450

13th February 2019

Dear Director of Public Health,

Buprenorphine used in the treatment of opioid dependence: availability and price

You may recall that I wrote to you in May and October last year (appended) about concerns over the availability and price of buprenorphine tablets used in the treatment of opioid dependence. This further communication contains an update on the latest information about buprenorphine pricing and some important recommendations for local authorities in relation to this, as well as some advice in relation to EU exit and medicines supply.

Update on buprenorphine pricing

In April 2018 the selling price had risen above the reimbursement price in the Drug Tariff (DT), which sets out what will be paid to pharmacies dispensing under the NHS Pharmaceutical and Local Pharmaceutical Service Regulations. As a result the Department of Health and Social Care (DHSC) set a concessionary price. The selling price remained higher than the reimbursement price and, until last month, concessionary prices therefore continued to be paid. Last month 2mg and 8mg buprenorphine tablets were moved from category M of the Drug Tariff to category A, at higher prices than the previous DT prices and even higher than the concessionary prices:

Price per 7 tablets (£)	DT price Jan 2019	Concessionary prices 2018									DT price Apr 2018
		Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	
Buprenorphine 2mg s/l tablets SF	6.67	5.38	5.19	5.25	5.35	4.78	4.87	5.24	6.35	1.33	0.93
Buprenorphine 8mg s/l tablets SF	19.19	13.70	14.03	15.40	15.74	8.91	12.01	10.90	16.15	2.38	1.81

This change means that a continuing increased cost for drug treatment providers and/or their commissioners is likely, with no sign that this will end, as I predicted might be the case when I wrote in October.

PHE has continued to work closely with DHSC, and with drug treatment providers, to understand the issues and their impact, and what can be done to mitigate any resulting problems. Drug treatment providers and their local authority commissioners have worked together on these mitigations, which include alternative (and currently cheaper) formulations of buprenorphine, more rigorous application of criteria on the choice between buprenorphine and methadone, and reducing other services, etc. In many cases, these mitigations are in addition to finding additional funds to cover the increased costs already experienced. These creative and flexible solutions in very challenging circumstances are testament to the clinical expertise of services and their clinicians, the good working relationships between commissioners and their commissioned services, and commissioners' financial and contracting skill.

#### Recommendations for local authorities in light of changes to buprenorphine pricing

It is vital that the new higher cost of medicines is considered by local authorities when setting their budgets and capacity targets for drug treatment. There should be an acceptance that previous budgets and capacity targets were based on lower medicines costs, and the recent increases should not be seen as a temporary situation only needing short-term management.

#### EU exit and medicines supply

Some reports are attempting to link medicines shortages to a potential no-deal Brexit but DHSC has not seen any evidence to support this. I would like to reiterate the messages from DHSC and NHS England that it is not helpful or appropriate for anyone to stockpile medicines locally. Stockpiling in one area can risk additional pressure on the availability of medicines for patients in other areas of the country.

A [recent letter](#) from Dr Keith Ridge, Chief Pharmaceutical Officer, outlines the steps taken by the NHS thus far to protect the continuity of supply for medicines. This letter usefully provides contact details for regional leads who will be working closely with regional pharmacists. Your commissioners will want to assure themselves that drug and alcohol services provided by the NHS and third sector providers, particularly smaller organisations, have sought appropriate advice from pharmacy and medicines management specialists locally, and had reassurance from suppliers about stock levels.

You may find it beneficial to consult with NHS pharmacy leaders who are also well placed to provide information and advice to patients and other health professionals about the plans for continuity of supply, and this should be a priority over the coming weeks.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'John Newton', with a horizontal line underneath.

Professor John Newton  
Director of Health Improvement



Professor John Newton  
Director of Health Improvement  
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24 October 2018

Gateway number: L2018-443

Dear Director of Public Health,

**Buprenorphine used in the treatment of opioid dependence: availability and price**

You may recall that I wrote to you in May (appended) about concerns over the availability and price of buprenorphine tablets used in treatment of opioid dependence.

In April the selling price had risen above the reimbursement price listed in Part VIIIA of the Drug Tariff, which sets out what will be paid to pharmacies dispensing under the NHS Pharmaceutical and Local Pharmaceutical Service Regulations. As a result the Department of Health and Social Care (DHSC) set a concessionary price. The selling price has remained higher than the reimbursement price and concessionary prices have therefore continued to be paid as follows:

Price per 7 tablets	Concessionary prices							Drug Tariff price (April)
	Oct	Sept	Aug	July	June	May	April	
Buprenorphine 2mg s/l tablets SF	5.25	5.35	4.78	4.87	5.24	6.35	1.33	0.93
Buprenorphine 8mg s/l tablets SF	15.40	15.74	8.91	12.01	10.90	16.15	2.38	1.81

PHE has continued to work closely with DHSC, and with drug treatment providers, to understand the issues and their impact and what can be done to mitigate any resulting problems.

## Availability

Although the original supply issue has been resolved, supplies of the generic buprenorphine have been limited and pharmacists have had to rely on obtaining and supplying branded buprenorphine.

## Price

Branded buprenorphine is more expensive than the generic product but pharmacists are paid as set out in the Drug Tariff (or the concessionary price) for whichever product they dispense against a prescription for generic buprenorphine. This reimbursement price can change according to market conditions as, in the main, reimbursement arrangements reflect selling prices. So, for example, if a selling price increases, it will be reflected in reimbursement prices.

These price increases mean that drug treatment services and their commissioners will see increased drugs bills for most, if not all, of 2018 and potentially beyond that. This is already creating some serious financial pressures.

It is impossible to predict for how long a higher concessionary price will continue to be paid. Eventually concessionary prices will no longer be required, either because the reimbursement prices listed in the Drug Tariff will catch up with the increased selling prices or because selling prices will decrease to the original level. Previous experience suggests that it is usually the former rather than the latter. **Now and looking to the future, local authorities may need to reflect on the medicines element in their budgets for drug treatment.**

## Legal issues

In relation to considering prescribing alternatives to buprenorphine, a NICE-recommended treatment (TA114), clinicians in the drug treatment services you commission will understand the relative pros and cons of the different medicines, and the patients for whom they can be more effective.

There is a legal obligation under the NHS Constitution for the NHS and local authority public health services to fund and resource medicines and treatments recommended by NICE's technology appraisals, if a doctor says they are clinically appropriate for a patient.

Yours faithfully



Professor John Newton  
Director of Health Improvement



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Gateway number: 2018117

25 May 2018

Dear Director of Public Health,

**Buprenorphine used in the treatment of opioid dependence: availability and price**

Some drug treatment services, and the pharmacists who dispense the medicines they prescribe, have raised concerns about the availability of generic 2mg buprenorphine tablets, and about the price that pharmacists are paid for them when they dispense NHS prescriptions.

PHE has been working closely with the Department of Health and Social Care (DHSC) to understand the issues and what can be done to mitigate any resulting problems. Please share the information that follows with your drug treatment commissioner and providers.

**Availability**

Although one manufacturer of generic buprenorphine had a production issue, DHSC have confirmed that supplies of other generic buprenorphine and of Subutex-branded buprenorphine continue to be available from other manufacturers. DHSC will continue to work with suppliers to understand their volumes and delivery dates.

**Price**

Branded buprenorphine is more expensive than the generic product but pharmacists are paid a standard, agreed price as set out in the Drug Tariff for whichever product they dispense against a prescription for generic buprenorphine. This reimbursement price can change according to market conditions if a concessionary price is granted.

DHSC have told us:

“The generic market is a competitive one and prices fluctuate up and down constantly. Concessionary prices are granted for products, which are unavailable to pharmacy contractors at or below the reimbursement price listed in Part VIII of the Drug Tariff.

If a concessionary price is granted, it applies to prescriptions dispensed in the month, in which the concessionary price was granted. Products, which are granted concessionary prices in subsequent months, are still considered on a monthly basis. Therefore, it is not possible to give any advance notice of granting concessionary prices or to predict for how long a product will be granted a concessionary price.

The following concessionary prices were granted for buprenorphine sublingual tablets sugar free:

April

- Buprenorphine 2mg sublingual tablets sugar free (7) - £1.35
- Buprenorphine 8mg sublingual tablets sugar free (7) - £2.39

May

- Buprenorphine 2mg sublingual tablets sugar free (7) - £6.35
- Buprenorphine 8mg sublingual tablets sugar free (7) - £16.15

As soon as concessionary prices are granted, they are published on the NHS BSA’s website.” ([www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff/drug-tariff-updates](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff/drug-tariff-updates))

Prices are also published on the website of the Pharmaceutical Services Negotiating Committee (PSNC) at <https://psnc.org.uk/dispensing-supply/supply-chain/generic-shortages/>

The non-concessionary Drug Tariff prices that applied before April were:

- Buprenorphine 2mg sublingual tablets sugar free (7) - £0.93
- Buprenorphine 8mg sublingual tablets sugar free (7) - £1.81

The Drug Tariff prices of these products are amended every quarter (April, July, October and January) to take account of historic sales and volume using data supplied to the DHSC from suppliers. Therefore there may be a change in the underlying reimbursement price of these products later in the year.

[www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff)

These temporary, or any ongoing, price increases mean drug treatment services and their commissioners will see increased drugs bills for April and May, and these increases may continue. They will occur whether pharmacists dispense generic or branded buprenorphine.

Drug treatment services that usually pay the drugs bill as part of their contracted service may approach their commissioners to discuss the impact of these extra costs – how this is managed is for local agreement.

The NHS is used to managing these unavoidable fluctuations in the cost of medicines and can often balance an increase in some medicines with decreases in others. However, in specialist services – such as some commissioned by local authorities – the range of medicines used is often limited and there is less experience of managing fluctuations and less scope for them to be managed. Local authority commissioners and their services may be able to benefit from the NHS's experience and expertise through advice from local partnerships and contacts, including CCG medicines management teams. PHE will continue to do all it can with DHSC to ensure the continuation of supply.

### **Clinical issues**

One final issue that drug treatment clinicians may want to consider is the relative bioavailability of different buprenorphine formulations and products. There is no agreed clinical guidance, and no reports of patient impacts in clinical practice, but clinicians will want to be alert to the theoretical possibility that a different product might result in a different clinical response. During switching from one product to another, clinicians will want to carefully monitor the transition and consider adjusting the prescribed dose.

Yours faithfully



Professor John Newton  
Director of Health Improvement