

Community Pharmacy information: Changes in Prescribing of Oral Buprenorphine Products

In recent years the price difference between available buprenorphine oral products has become much greater. **Branded Oral Buprenorphine/naloxone (Suboxone) and Buprenorphine Oral Lyophilisate (Espranor) are presently 4/5 times more expensive than generic sublingual buprenorphine**

In the current climate this means a review is necessary to make sure patients are on the most cost effective treatment as well as being clinically effective and safe

Presently in NHS Grampian Suboxone and Espranor are the two most prescribed Buprenorphine products used as opioid replacement therapy.

Buprenorphine/naloxone (Suboxone)

When Buprenorphine/Naloxone (Suboxone) is administered sublingually the active therapeutic ingredient is Buprenorphine with the Naloxone being an inactive component due to its almost complete first pass metabolism ([Suboxone Tablets 8mg/2mg - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#)). The Naloxone may only become active when injected intravenously or inhaled nasally.

The rationale behind the inclusion of the naloxone is to “discourage misuse and reduce the pressure patients may face from others to give or sell the product” (Reckitt Benckiser, 2011). “Naloxone is included to deter misuse and abuse”, (Reckitt Benckiser, 2014). Anecdotal evidence suggests that when Suboxone is misused the preferred method of administration would be intranasal instead of intravenously. Although the naloxone may become active when Suboxone is crushed and administered via the nasal route there is conflicting evidence about the bioavailability of naloxone when this happens.

Prescribing mono Buprenorphine SL tablets is the most cost-effective treatment. This should have no detrimental effect to patient care. There may be a small number of patients likely to still receive Buprenorphine/Naloxone (Suboxone) but this will be on a case-by-case basis on clinical appropriateness.

Espranor

Espranor oral lyophilisates contain the active ingredient Buprenorphine. The benefit of Espranor comes from its faster dissolution time resulting in patients having to spend less time in pharmacies when they are having to consume under supervision. The main differences between Espranor and mono Buprenorphine SL tablets is the difference in bioavailability of the active ingredient and the products are consumed in different manners. Espranor is dissolved on top of the tongue whereas mono Buprenorphine SL tablets are dissolved under the tongue. A dose equivalence table is shown below for information purposes. Maximum doses for both products also differ due to this bioavailability difference and will be highlighted in the table below.

Buprenorphine SL products (with or without naloxone)	Equivalent approximate Espranor dose
24mg-32mg	16mg-18mg
20mg-24mg	16mg-18mg
10mg-18mg	8mg-16mg
2mg-8mg	2mg-8mg

Maximum daily dose of Espranor is 18mg.

Maximum daily dose of Buprenorphine/Naloxone is 24mg

Maximum daily dose of mono Buprenorphine SL tablets is 32mg

As with Suboxone some patients may still be prescribed Espranor where this is deemed clinically appropriate.

Changes for patients

When changing from Suboxone (buprenorphine/naloxone) to generic mono Buprenorphine SL tablets, dissolution time should be the same for both products and method of consumption remains the same. No doses would need changed as the bioavailability for both products remain the same. The only differences patients may notice would be the flavour of tablets.

If a patient is changing from Espranor (Buprenorphine oral lyophilisate) to generic Buprenorphine SL tablets, then due to a difference in bioavailability the patient's dose may change. Patients should be made aware of this when initiation of change is made by their prescriber **but please check patient awareness**

Prior to the patient being switched from one Buprenorphine product to another the prescriber will have reviewed the patient's dose and if clinically appropriate this may be changed, **please check patient awareness of this**. If patients are supervised consumption, then the time they spend in the pharmacy will increase.

Any patients that are prescribed doses above 8mg may have an increased number of tablets to make up their dose as generic mono Buprenorphine SL tablets only come as a maximum of 8mg tablets. Please check patient awareness of this at the time of dispensing. See additional information for a table showing the different strengths of preparations available.

If a patient complains of any adverse effects after switching Buprenorphine product, then please contact the prescriber and report through yellow card scheme

Additional information

The prescribing change will be implemented gradually beginning in April 2025. Espranor and Suboxone will continue to be prescribed where clinically appropriate. As such please manage stock appropriately. During the change please be extra vigilant when clinically checking prescriptions to ensure that correct product is given

Product name	Subxone	Espranor	Buprenorphine SL tablets
Strength of formulation available	2mg/0.5mg 8mg/2mg 16mg/4mg	2mg 8mg	0.2mg (only licensed for pain management) 0.4mg 2mg 8mg

This document was created by the specialist pharmacist team in the Drug and Alcohol service.

For any queries regarding information in this document please email:

gram.smspharmacists@nhs.scot