SHARED CARE AGREEMENT

Name of medicine	Long acting injectable buprenorphine (LAIB)
Indication	For maintenance treatment of opioid dependence

Version: **1.0** Approval date: **May 2026** Review date: **May 2029**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available here.

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant

- Initiation, titration and stabilisation of treatment.
- Liver function tests for pre-treatment baseline and ongoing monitoring until prescribing transferred to GP. Patients with cirrhosis should remain with SUS
- Identify suitable patients for primary care management

General Practitioners and primary care non-medical prescribers

- Ongoing review and assessment of compliance and stability in treatment including toxicology (at least one in a 12-month period in stable patients, more often if there are concerns).
- Ongoing monitoring of liver function tests is required if there is evidence of liver disease e.g. liver enzyme abnormalities, infection with hepatitis B or hepatitis C virus, concomitant use of other potential hepatotoxic medicines or alcohol. GP may decide patients with hepatic complications are not suitable for primary care management
- Liaising with the Substance Use Services regarding any complications of treatment, including disengagement, or new/changing polydrug use.
- Prescribing of LAIB.
- Liaison with local community pharmacy to dispense and deliver the LAIB back to the practice for administration to the patient.
- Safe custody of the LAIB as a controlled drug, in an appropriate locked cabinet. It is good practice to keep a log of controlled drugs on the premises, updated as medications are received and administered to patients.
- Returning unused LAIB to the community pharmacy for destruction.
- Administration of LAIB in the GP Practice by appropriate member of the healthcare team. In some cases administration may be available from a nominated community pharmacy. Further information on local arrangements is available from local substance use service or the Primary Care Facilitation Team.

Patient, Relatives, Carers

- As listed in the NHS Lothian Policy and Procedures for the Shared Care of Medicines.

Support and Advice for the GP and primary care non-medical prescribers

Support and advice for GP's can be found at:

The Addiction Treatment and Recovery Care (ATRC) Team through local recovery hubs/gateway clinics.
Alcohol and Drug Use – RefHelp

The Primary Care Facilitation Team
PCFT (Primary Care Facilitation Team) Drugs, Alcohol and Blood Borne Viruses

Helpful information and advice regarding management of patients can be found in the opioid dependence section of the Lothian Joint Formulary Formulary | East Region Formulary

Key Information on the Medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk , for complete details and specific guidance.

Background to disease and use of drug for the given indication

This SCA applies to adults and adolescents 16 years of age or over who have agreed to be treated for opioid dependence.

Buprenorphine prescribing, including LAIB, is included within the National Enhanced Service for Drug dependence and monitored by the Primary Care Facilitation Team.

LAIB is available as two preparations, a weekly dose formulation and a monthly dose formulation, under the name *Buvidal*®

LAIB is only to be initiated under the supervision of a specialist in addictions. This includes patients converting to buprenorphine from methadone. The dose of LAIB is titrated according to the clinical effect on the individual patient. Most patients are initiated using the weekly formulation then transferred to the monthly dose for stabilisation. In most circumstances only patients on the monthly dose will have their care transferred to general practice (however patients receiving the weekly formulation are not excluded from shared care). The maximum dose per week of weekly *Buvidal*® treatment is 32 mg with an additional 8 mg dose. The maximum dose per month of monthly *Buvidal*® treatment is 160 mg.

Further information and background on treatment of opioid dependence can be found from these sources:

1. **East Region Formulary** Formulary | East Region Formulary

2. **Drug Misuse and Dependence: UK Guidelines on Clinical Management.** London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive, 2017. Informally known as "*The Orange Guidelines*". Drug misuse and dependence

3. **Guidance on methadone and buprenorphine for the management of opioid dependence**. NICE Technology Appraisal. London: National Institute of Health and Clinical Excellence, 2007. Available at Overview | Methadone and buprenorphine for the management of opioid dependence | Guidance | NICE

4. **Medication Assisted Treatment (MAT) standards.** Edinburgh: The Scottish Government, 2021. Available at: Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot

Indication

LAIB, as Buvidal® is a long-acting injectable formulation of buprenorphine licensed for the treatment of opioid dependence in adults and adolescents aged 16 years and over.

Dosage and Administration - Refer to current Summary of Product Characteristics (SPC):
Home - electronic medicines compendium (emc)

Monitoring – Refer to section on Roles and Responsibilities above and to the current SPC:
Home – electronic medicines compendium (emc)

Test	Frequency	Abnormal result	Action if abnormal result
Toxicology – oral fluid test/urine test	At least one per 12 month period in stable patients, more often if there are concerns.	Positive for other opioids or negative for buprenorphine. **Note:** lower doses of oral buprenorphine may be undetected by oral fluid testing and in these circumstances negative results should be treated with caution.	Repeat and discuss with patient if results persist. Review treatment as appropriate. Seek advice from substance misuse services if necessary.
LFT's	no liver disease, annual mild liver disease, monthly severe liver disease/cirrhosis- not suitable for primary care management.	Mild impairment Moderate impairment Severe impairment	Investigate as per RefHelp guidelines Child-Pugh Score can be used to establish measure of liver disease. For Child Pugh A and B (mild to moderate impairment) repeat LFT's after 4 weeks. LAIB contra-indicated if Child's Pugh C- refer SUS and hepatology for further management

Cautions, contraindications - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.
Fertility, Pregnancy and Lactation - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.
Vaccination - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.
Adverse effects - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.
Drug interactions- Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.

The presence of this SCA does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

For Office Use Only:

Approved by the General Practice Prescribing Committee (GPPC) post GPPC meeting March 2026.