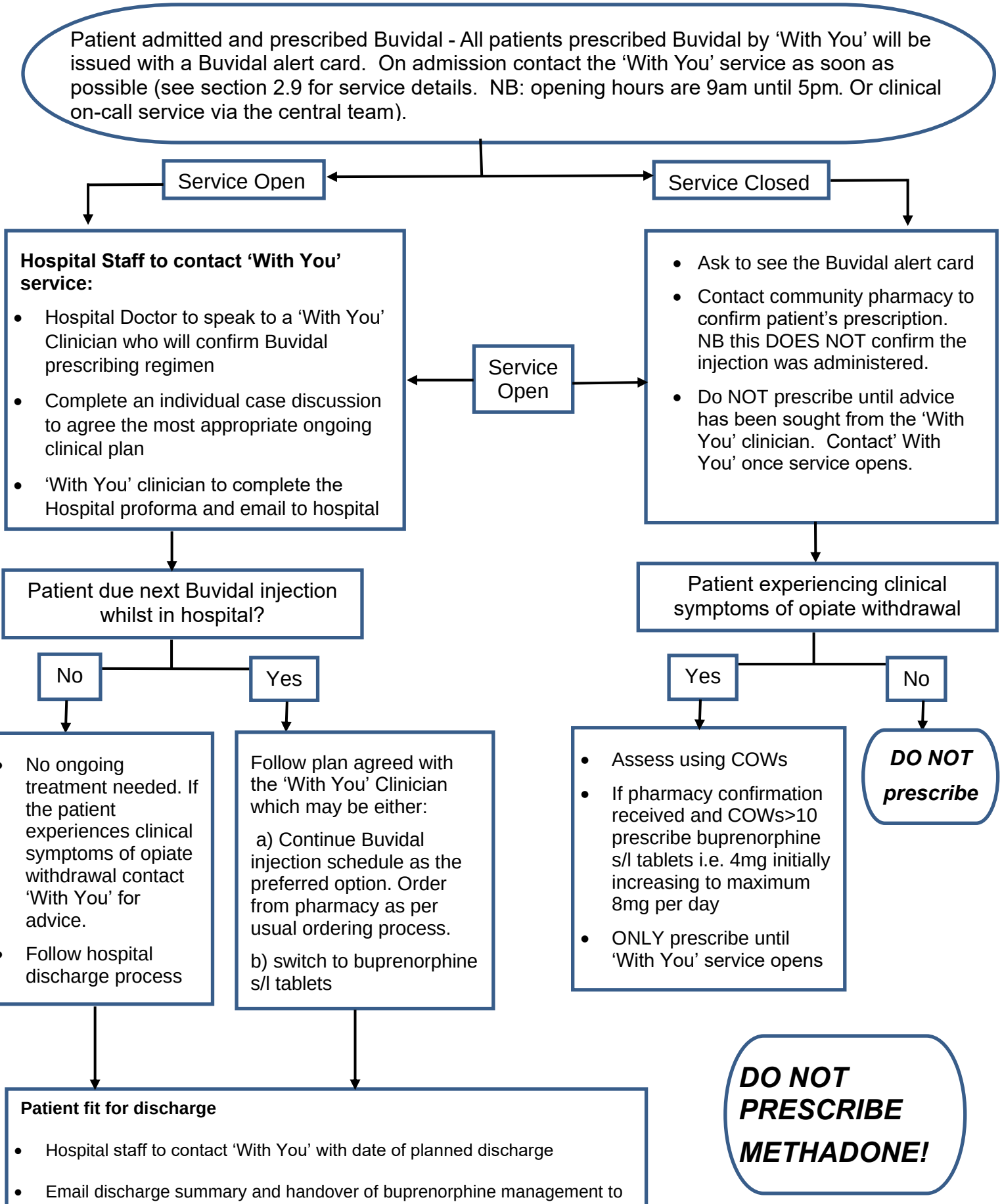
Royal Cornwall Hospitals
NHS Trust

Buvidal (long-acting buprenorphine subcutaneous injection) Clinical Guideline

V2.0

June 2025

Summary


Patient admitted and prescribed Buvidal - All patients prescribed Buvidal by 'With You' will be issued with a Buvidal alert card. On admission contact the 'With You' service as soon as possible (see section 2.9 for service details. NB: opening hours are 9am until 5pm. Or clinical on-call service via the central team).
Service Open
Service Closed
Hospital Staff to contact 'With You' service:
Hospital Doctor to speak to a 'With You' Clinician who will confirm Buvidal prescribing regimen
Complete an individual case discussion to agree the most appropriate ongoing clinical plan
'With You' clinician to complete the Hospital proforma and email to hospital
Service Open
Ask to see the Buvidal alert card
Contact community pharmacy to confirm patient's prescription. NB this DOES NOT confirm the injection was administered.
Do NOT prescribe until advice has been sought from the 'With You' clinician. Contact' With You' once service opens.
Patient due next Buvidal injection whilst in hospital?
Patient experiencing clinical symptoms of opiate withdrawal
No
Yes
Yes
No
No ongoing treatment needed. If the patient experiences clinical symptoms of opiate withdrawal contact 'With You' for advice.
Follow hospital discharge process
Follow plan agreed with the 'With You' Clinician which may be either:
a) Continue Buvidal injection schedule as the preferred option. Order from pharmacy as per usual ordering process.
b) switch to buprenorphine s/l tablets
Assess using COWs
If pharmacy confirmation received and COWs>10 prescribe buprenorphine s/l tablets i.e. 4mg initially increasing to maximum 8mg per day
ONLY prescribe until 'With You' service opens
DO NOT prescribe
DO NOT PRESCRIBE METHADONE!
Patient fit for discharge
Hospital staff to contact 'With You' with date of planned discharge
Email discharge summary and handover of buprenorphine management to 'With You' (eg using proforma – see appendix 4 and section 2.8).

1. Aim/Purpose of this Guideline

1.1. This policy has been developed to ensure the safe care of patients who are receiving Buvidal (long acting buprenorphine subcutaneous injection) at the point of admission. It provides guidance for staff working in the Royal Cornwall Hospitals NHS Trust should a patient be admitted having been prescribed Buvidal by 'With You Cornwall'.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Buvidal is a **long-acting subcutaneous injection containing buprenorphine**. It is available in 2 different formulations which are administered at either **weekly** (8mg, 16mg, 24mg, 32mg) or **monthly** (64mg, 96mg, 128mg, 160mg) intervals. It is licensed for the treatment of opioid dependence within a framework of medical, social and psychological treatment and is intended for use in adults and adolescents aged 16 years or over.

2.2. Buvidal is for initiation only by a specialist service and may be prescribed by the community drug and alcohol treatment provider 'With You Cornwall'. Patients prescribed Buvidal will be issued with an alert card (Appendix 3) and are strongly advised to carry this on their person to help alert hospital staff to this prescribing.

2.3. There must be clear communication and robust documentation on hospital admission and discharge to ensure safe transfer of care. A Hospital Proforma (Appendix 4) has been developed to help ensure all relevant information is compiled at admission and handed over at discharge. This important information about the patient requires completing and communication by both 'With You' and Hospital staff.

2.4. At admission, the following information should be included in the patient's notes and on EPMA where relevant - Buvidal injection dosing regime, date last administered and site of injection, and date next Buvidal injection is due.

2.5. Clinical Management

2.5.1. Procedure to be followed

In all cases of admission of a patient on Buvidal, hospital staff should contact 'With You' to obtain a clinical handover and for the 'With You' Clinician to provide advice and an ongoing clinical plan agreed for the patient.

The plan may include continuing the Buvidal regimen as an inpatient as the preferred option, or switching to the appropriate dose of oral buprenorphine s/l tablets.

Forward planning to prescribe and administer a dose of Buvidal injection is important as pharmacy will not be holding any stock of Buvidal.

If the patient is admitted unconscious, then prescription/administration of opiate substitutes is usually not indicated.

2.5.2. Procedure to be followed if the 'With You' service is CLOSED

Contact the patient's community pharmacy to confirm prescribing of Buvidal. In addition, the patient would have been given a Buvidal alert card (Appendix 3) and the patient's GP would have been asked to add Buvidal to the summary care record (SCR), though this may not be recorded on the SCR all the time. HALO is the case management system for 'With You' and is also used to generate prescriptions. It will also be apparent from the journal section of HALO that a Buvidal prescribing is being planned should this be in the pipeline for a particular client. Hence Pharmacy should access HALO outside of 'With You' opening hours to check/confirm prescriptions.

There are a number of community pharmacies allocated to dispense Buvidal for 'With You' (details in section 2.9). They should be able to advise the planned date of administration however cannot confirm whether this took place as 'With You' administer this in their service.

It is recommended to wait until the 'With You' service is open to obtain clinical advice. However, in cases where the patient is experiencing opiate withdrawal proceed as follows:

- Assess the patient using Clinical Opiate Withdrawal Scale (COWS) available at https://nida.nih.gov/sites/default/files/ClinicalOpiateWithdrawalScale.pdf
- Conduct a full assessment obtaining information relevant to the diagnosis and management of patients with drug dependence.
- Prescribe as in section 2.6 below.
- Opioid withdrawal is not a life threatening condition, whereas opioid toxicity is. Inappropriate prescribing of opioids can be fatal.

2.6. **Buprenorphine prescribing whilst in hospital**

2.6.1. If ‘With You’ prescriber can be contacted, prescribe as they advise. If not, prescribe as below.

2.6.2. If ‘With You’ prescriber cannot be contacted and patient is not experiencing withdrawal, do not prescribe buprenorphine.

2.6.3. Due to the long lasting effects of the medication it is extremely unlikely that the patient will feel significant withdrawal from either preparation due to a delayed dose, even on the longest of bank holidays, and this would allow contact ‘With You’ to discuss the best ongoing actions. The detail below on use of sublingual buprenorphine is a stopgap for the rare outliers or for those who may be admitted during titration. If ‘With You’ prescriber cannot be contacted and patient is experiencing withdrawal, switch to sublingual buprenorphine:

Buprenorphine 4mg s/l once daily.

If patient continues to experience withdrawal (eg COWS > 10), increase dose to 8mg.

Do not prescribe higher doses unless advised by ‘With You’.

Do not prescribe methadone.

If patient is sedated or confused, do not give buprenorphine.

2.6.4. See appendix 5 for further notes regarding prescribing of buprenorphine s/l if to be used instead of continuing the prescribing Buvidal.

2.7. **Acute Pain Management**

Management of acute pain is in line with patients on s/l buprenorphine. They are tolerant to opioids, and are receiving a high-dose partial agonist, so will require higher doses than opioid-naive patients to manage pain. For suggested management see the RCHT document “Peri and Post-Operative Pain Control for Complex Pain Patients Clinical Guideline”.

2.8. **Communication at patient discharge**

2.8.1. At discharge there should be robust communication with ‘With You’ of the actions taken whilst clients are receiving inpatient care. The proforma at Appendix 4 identifies key details for communication at discharge including:

- Day of discharge.
- What was prescribed in hospital (buprenorphine and other opioids).
- What was prescribed dose (and quantity) at discharge.

2.8.2. Appendix 5 describes what should occur if the patient was commenced on buprenorphine sublingual in hospital rather than Buvidal being prescribed.

2.9. Contact Details

‘With You Cornwall’

Western House, Tabernacle St, Truro, TR1 2EJ.

Telephone: 01872 263001.

Email cornwall.addaction@nhs.net

‘With You’ are open 9-5 Monday to Friday, and there is support available via contact with the Truro service on 01872 263001 with a clinical on-call service via the central team.

Pharmacies (as of June 2025).

Day Lewis Newquay Health Centre TR7 1RU.

Hendras Pharmacy TR10 8BH.

Allied Penzance TR18 2QW.

Day Lewis Redruth TR15 2BD.

Day Lewis Wheal Northey, St Austell PL25 3EF.

Boots Bodmin PL31 2HL.

Boots Pydar, Truro TR1 2BD.

Day Lewis Liskeard PL14 4AA.

Bude Pharmacy EX23 8JS.

Oak Tree Pharmacy, Liskeard PL14 3XA.

Copperhouse Pharmacy, Hayle TR27 4DY.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Appropriate prescribing of opioids for these patients admitted on Buvidal.
Lead	Pharmacy / Pain Team.
Tool	Audit and review tool using patient documentation.
Frequency	As so few patients are expected to be admitted, monitoring will be ad hoc.
Reporting arrangements	Any necessary reporting will be to Medication Practice Committee, With You, and Pain Team as appropriate.
Acting on recommendations and Lead(s)	Medication Practice Committee, With You, and Pain Team as appropriate.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within one month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Buvidal (long-acting buprenorphine subcutaneous injection) Clinical Guideline V2.0
This document replaces (exact title of previous version):	Buvidal (long-acting buprenorphine subcutaneous injection) Clinical Guideline V1.0
Date Issued/Approved:	June 2025
Date Valid From:	June 2025
Date Valid To:	June 2028
Directorate / Department responsible (author/owner):	Mike Wilcock, Head of Prescribing Support Unit, Pharmacy Department
Contact details:	01872 253548
Brief summary of contents:	Prescribing considerations for patients admitted on Buvidal.
Suggested Keywords:	Buvidal, buprenorphine long acting injection
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Medication Practice Committee
General Manager confirming approval processes:	Richard Andrzejuk
Name of Governance Lead confirming approval by specialty and care group management meetings:	Kevin Wright
Links to key external standards:	None required
Related Documents:	None required
Training Need Identified?	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Pharmacy

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
June 2022	V1.0	Initial issue	M Wilcock, Pharmacist
June 2025	V2.0	Addition of 160mg monthly dose. New community pharmacies added. Name change to “With You” Text amended at 2.5.2 to emphasise access to HALO	M Wilcock, Pharmacist

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Buvidal (long-acting buprenorphine subcutaneous injection) Clinical Guideline V2.0
Directorate and service area:	Pharmacy, Clinical Support
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Mike Wilcock, Head of Prescribing Support Unit
Contact details:	01872 253548

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	RCHT staff involved in management of patients admitted on Buvidal.
2. Policy Objectives	Appropriate management re use of Buvidal.
3. Policy Intended Outcomes	Staff working within a framework of recognised good practice.
4. How will you measure each outcome?	Through datix reporting and any opportunity via the pharmacy audit programme.
5. Who is intended to benefit from the policy?	Patients, staff and the Trust.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: Yes • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Medication Practice Committee. We Are With You'.
6c. What was the outcome of the consultation?	Guideline approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

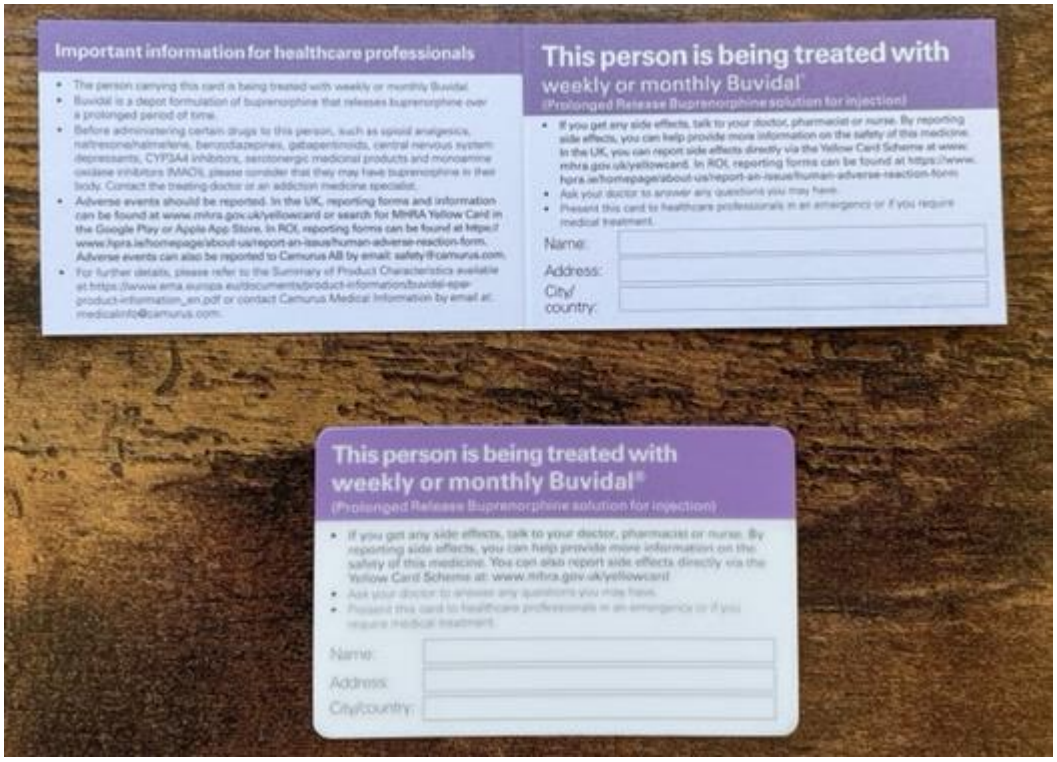
A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Mike Wilcock, Head of Prescribing Support Unit.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Buvidal alert card



Appendix 4. Hospital proforma

This form is not expected to be utilised within RCHT but is illustrative of the importance of adequate communication.

Hospital Proforma

Hospital Pro Forma – Buvidal

Part 1 – Completed on admission by 'We Are With' You staff	
Today's Date	
Client Name	
Date of Birth	
Buvidal Injection and dosing regime	
Date last administered	
Injection site of last dose	
Date next due	
Lead Keyworker contact	
Lead Clinician contact	
Summary of ongoing clinical care plan agreed (i.e. continued buvidal or switch to equivalent dose of sublingual buprenorphine if required): Name of Hospital Doctor:	

Name..... Signed..... Date.....

Part 2 – Completed on discharge by hospital staff	
Hospital name /ward	
Buvidal injection or Buprenorphine sublingual tablets prescribed in hospital	
Dose and frequency	
Date last dose given	
If Buvidal administered – injection site of last dose	
Any take home supply if applicable	
Date of discharge	
Date 'With You' need to commence prescribing from	
Name of staff member to contact for queries	

Name..... Signed..... Date.....

*Please email to (nhs service email) as part of the hospital discharge plan to ensure ongoing continuity of care

Appendix 5. Notes regarding prescribing buprenorphine.

Weekly doses of Buvidal can be administered up to 2 days before or after weekly due date. Monthly doses can be administered up to one week before or after the monthly due date.

The sublingual dose of buprenorphine can be started on the day of the next scheduled injection; 5-9 days after the last weekly Buvidal dose and 3-5 weeks after the last monthly Buvidal dose.

Switching from Buvidal directly to bioequivalent dose of sublingual buprenorphine will tend to lead to a period of excess dosing as Buvidal will continue to be absorbed.

If a patient has been prescribed buprenorphine sublingual instead of continuing Buvidal whilst in hospital, 'With You' may be able to facilitate a prescription for the day of discharge, provided they have sufficient notice. Any patient in this scenario should be considered on a case by case basis, however enough buprenorphine sublingual to get to the next working day would be a reasonable quantity to prescribe at discharge, as well as robust communication to 'With You' to enable them to support from there.

Approximate dose conversions.

Doses of weekly Buvidal	**Doses on monthly Buvidal**	**Daily doses of sublingual (s/l/) buprenorphine tabs**
8mg		**4mg** (2 to 6mg)
16mg	64mg	**8mg** (8 to 10mg)
24mg	96mg	**12mg** (12 to 16mg)
32mg	128mg	**18mg** (18 to 24mg)
No equivalent	160mg	**>26mg**