

Feidhmeannacht na Seirbhíse Sláinte, Seirbhís Aisíocha Príomhchúraim

Bealach amach 5, M50, An Bóthar Thuaidh, Fionnghlas, Baile Átha Cliath 11, D11 XKF3

Primary Care Reimbursement Service

Exit 5, M50, North Road, Finglas, Dublin 11, D11 XKF3

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25th May 2023

Circular 020/23

RE: Administrative Arrangements for Zubsolv® (buprenorphine/naloxone)

Dear Pharmacist.

With effect from the 1st May 2023, the HSE Addiction Services have entered into a supply arrangement with United Drug for direct supply to those pharmacies with approved patients to access Zubsolv® (buprenorphine/naloxone) for the substitution treatment for opioid drug dependence. Therefore, the pharmacy will not be invoiced for the ingredient cost of Zubsolv®.

Dispensing fees will be paid to registered pharmacies following submission of Zubsolv® claims to PCRS under the Opioid Treatment Substitution (OST) Scheme. Claims are submitted in the same manner as Methadone and Subxone® claims and should be posted to:

Health Service Executive (HSE), Primary Care Reimbursement Service (PCRS), P.O. Box 6422, Exit 5 M50, North Road, Finglas, Dublin 11, not later than 14 days after the last day of the calendar month in which the supply of the specified controlled drug was completed or, in the case of supply on prescription, when no further supply may be made on that prescription.

Administrative Code	Drug Name	Pack Size	Pharmaceutical Form
46001	Zubsolv sublingual 1.4/ 0.36 mg	28	tablets
46002	Zubsolv sublingual 2.9/ 0.71 mg	28	tablets
46004	Zubsolv sublingual 5.7/ 1.4 mg	28	tablets
46005	Zubsolv sublingual 8.6/ 2.1 mg	28	tablets
46007	Zubsolv sublingual 11.4/ 2.9 mg	28	tablets

Patients being treated with products containing buprenorphine/naloxone for opioid dependence must have their names and relevant information recorded on a designated part of the Central Treatment List. Patients attending community pharmacies must have an



opioid substitution treatment card, which is held by the dispensing pharmacy that includes their treatment card number for example PH12345.

General practitioners who are contracted by the HSE to provide treatment on the basis of one of two levels – Level 1 or Level 2 can issue an OST Form. A registered medical practitioner cannot issue a prescription for a medicinal product set out in the Misuse of Drugs (Supervision of Prescription and Supply of Methadone and Medicinal Products containing buprenorphine authorised for Opioid Substitution Treatment) Regulations 2017 other than on an OST Prescription Form which is the HSE prescribed format. The person for whom the opioid substitution treatment is prescribed must have a valid opioid substitution treatment card.

OST Prescriptions are for a supply period of not greater than seven days. Where 'Additional Bank Holiday Supply' is required and indicated on the prescription under 'Supervision Instructions', a total of eight days duration can be provided.

You are reminded that the pharmacy section of the OST Prescription Forms must be legible and completed in full for payment processing. In the case of a prescription for methadone, for purposes other than opiate dependence, the Pharmacist should also complete the bottom section of the form:

TO BE COMPLETED IN THE CASE OF NON-OPIATE DEPENDENT PERSON (FOR METHADONE USE ONLY)					
NAME AND ADDRESS OF INITIATING CONSULTANT	HOSPITAL CARD NO				
	HEALTH SERVICES SCHEME				
	GMS DPS LTI				
	EEA OTHER				
The prescription form is issued on behalf of the Health Service Executi Buprenorphine authorised for Opioid Substitution Treatment) Regulat GMS010	ive for the purposes of the Misuse of Drugs (Supervision of Prescription and Supply of Methadone and Medicinal Products containing tions 2017.				

Nyxoid 1.8 mg Nasal Spray Solution (GMS 29896)

Nyxoid 1.8 mg Nasal Spray Solution was added to the GMS Reimbursement List on 1st March 2021. Nyxoid is a medicine used for emergency treatment in case of known or suspected overdose of opioid drugs.

GMS	Description	Pack	Reimbursement
Code		Size	Price
29896	-		€28.58

Due to the nature of the product and training requirement, it is currently restricted for prescribing under GMS to those GPs in Addiction Services (Level 1/Level 2). Therefore, the product has been inserted on Opioid Substitution Treatment (OST) Prescription Forms as those prescribers with the required training have access to OST prescription forms. However, the product is a GMS reimbursable product and is submitted in the normal



manner with monthly GMS claims. Claims for Nyxoid are not required to be submitted as part of Opioid Substitution Treatment (OST) claims (i.e. Methadone/Suboxone®/Zubsolv®).

PATIENT'S AGE IF UNDER 12 YEARS TREATMENT CARD NO. P H OPIOID SUBSTITUTION TREATMENT (FOR EMERGENCY USE ONLY) BUPRENORPHINE BUPRENORPHINE BUPRENORPHINE/NALOXONE INSTALMENT INSTRUCTIONS	ATMENT	PHARMACY SEQUENCE NO.	SERIAL NO.
METHADONE BUPRENORPHINE BUPRENORPHINE BUPRENORPHINE INSTALMENT INSTRUCTIONS (FOR EMERGENCY USE ONLY) NALOXONE NASAL SPRAY INSTALMENT INSTRUCTIONS	RESS		
INTERVALO		METHADONE BUPRENORPHINE BUPRENORPHINE/NALOXO	(FOR EMERGENCY USE ONLY) NALOXONE NASAL SPRAY

Yours faithfully,

Shaun Flanagan

Assistant National Director

Primary Care Reimbursement Service