

Use of Espranor® for opioid substitution therapy: results from a local service evaluation

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INTRODUCTION

- The mainstay of opioid substitution therapy (OST) consists of methadone and buprenorphine-based products.¹
- Sub-lingual buprenorphine is frequently used in OST, and requires 5–7 minutes to dissolve.² Supervised administration is often required.
- In at-risk patients, the long dissolving time of buprenorphine is thought to increase the likelihood of misuse and/or diversion.
 - Patients receiving treatment with buprenorphine at pharmacies in Australia have been observed to remove the tablets before full dissolution.²
- Espranor® is a novel, rapidly-dissolving oral lyophilisate formulation of buprenorphine used in OST.
- Anecdotally, it is thought that the rapid dissolving formulation of Espranor® may provide benefits such as increased adherence, reduced supervision time and decreased misuse, diversion and on-top drug use.
- Kaleidoscope is a charity supporting vulnerable patients in different settings including patients with current or recent Criminal Justice system involvement and active substance misuse. Kaleidoscope have been using Espranor® as part of their OST services in these hard-to-reach patient groups since January 2017.

AIM

The aim of this service evaluation was to evaluate OST adherence and on-top opioid usage following initiation of Espranor® in patients with current or recent Criminal Justice involvement and active opioid use disorders. Here, we present a snapshot of results of an evaluation of the OST service provided by Kaleidoscope at the Dyfodol Cardiff centre.

METHODS

- A local service evaluation was undertaken by retrospective evaluation of the medical records of patients receiving Espranor® between January 2017 and June 2019 as part of the Kaleidoscope project in Dyfodol, Cardiff, UK.
- All patients ≥18 years of age receiving Espranor® were included in this evaluation.
- Data on patient demographics, Espranor® dosage, date and results of urine morphine tests were collected and analysed.
- Analysis was carried out on the available data; denominators are presented where data was missing.

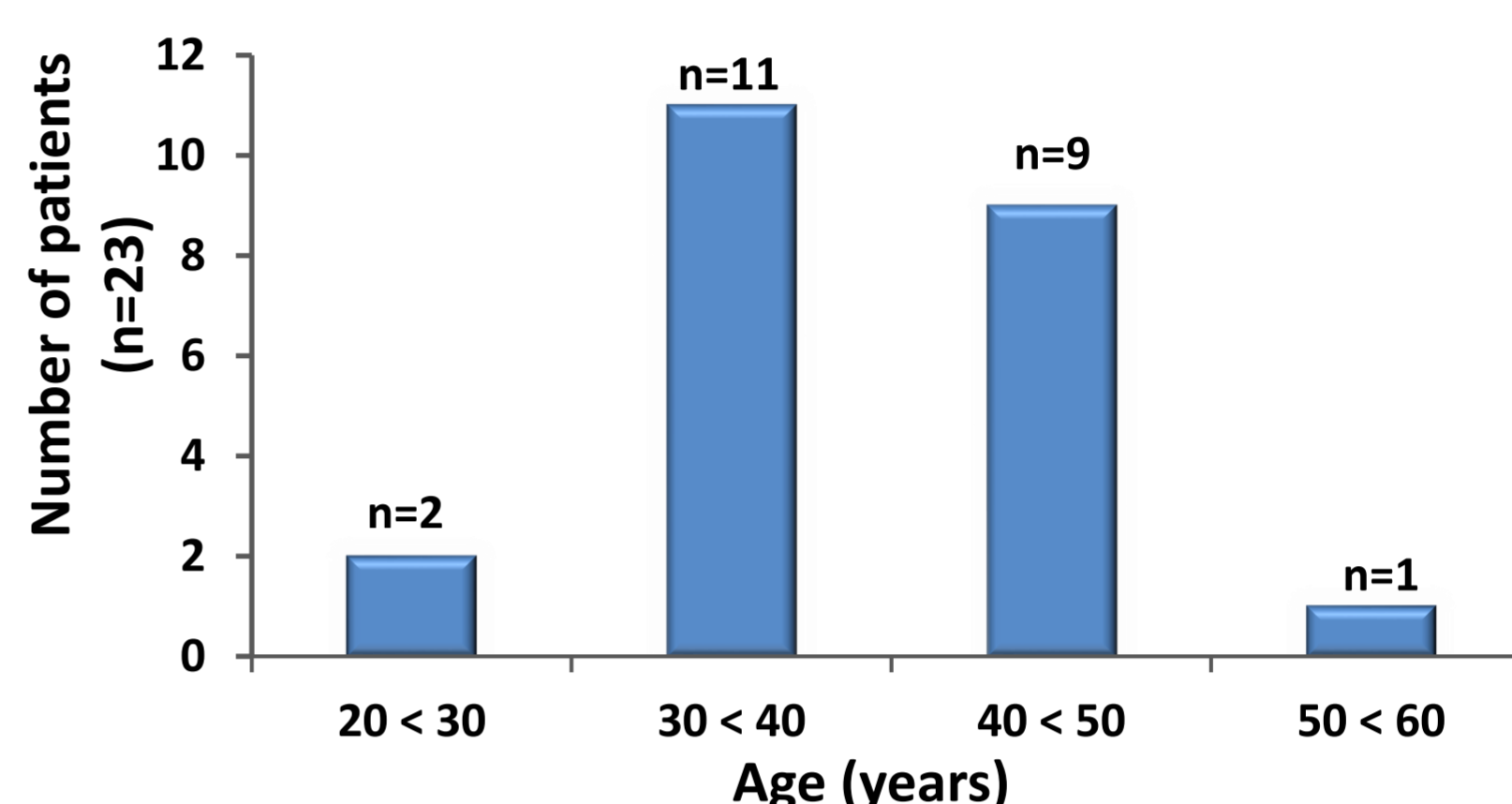
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1. NICE. Methadone and buprenorphine for the management of opioid dependence; 2007. Available from: <https://www.nice.org.uk/guidance/ta114/resources/methadone-and-buprenorphine-for-the-management-of-opioid-dependence-pdf-82598072878789> (accessed 14/05/2018)
2. Curr Drug Abuse Rev. 2011 Mar 1; 4(1): 28–41

RESULTS

- A total of 197 patients received OST (methadone or Espranor®) as part of the Kaleidoscope project at Dyfodol, Cardiff, UK.
- A snapshot of results of data from 24 patients (2 females; 22 males) who received Espranor® are presented below.
- The mean age of patients at Espranor® treatment initiation was 38.6 years (standard deviation [SD] 5.3, n=23) (**Figure 1**).

Figure 1: Distribution of age of patients at initiation of Espranor® treatment



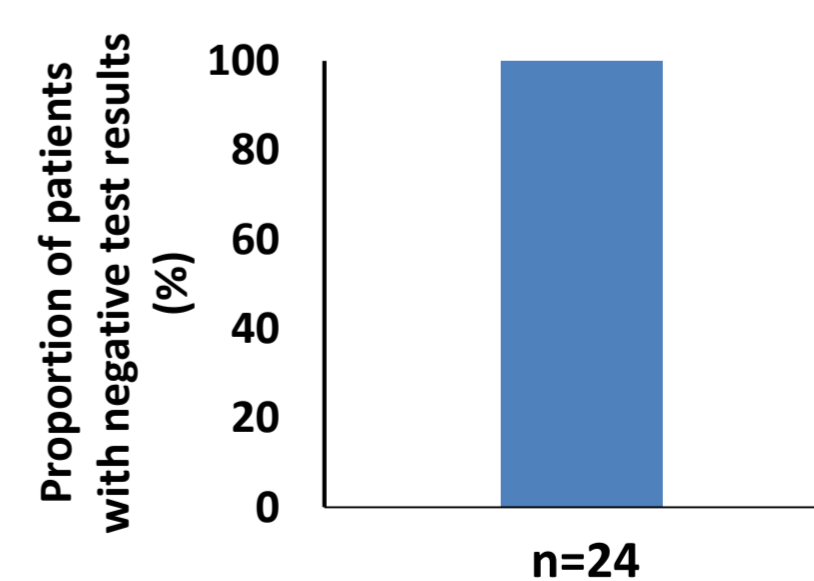
- The mean duration of Espranor® treatment was 18.6 (SD 22.7, range 1 to 86) weeks (**Figure 2**).

Figure 2: Duration of Espranor® treatment

Duration of treatment (weeks)* (n=23)	Patients receiving Espranor® n (%)
0 to 10	13 (57%)
>10 to 20	5 (22%)
>20 to 30	2 (7%)
>30 to 60	0 (0%)
>60 to 90	3 (13%)

- The mean last dispensed dose of Espranor® was 12.5 (SD 3.9) mg.
- All 24 patients were tested for urine morphine levels between February and June 2019. All 24 urine morphine test results were negative (100%, n=24) (**Figure 3**).

Figure 3: Proportion of patients with negative urine morphine test results



CONCLUSION

The results of this local service evaluation show that patients receiving Espranor® OST are successfully able to remain free of on-top opioid usage.

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CONFLICT OF INTEREST STATEMENT:

Bernadette Hard has received honorarium previously from Ethypharm Group Company (formerly Martindale Pharma) Martindale Pharma.