



25<sup>th</sup> 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





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®).

<b>TREATMENT</b>		PHARMACY SEQUENCE NO. <input type="text"/>	SERIAL NO. <input type="text"/>				
ADDRESS <input type="text"/> <input type="text"/> <input type="text"/>	PATIENT'S AGE IF UNDER 12 YEARS <input type="text"/>	TREATMENT CARD NO. <b>P.H.</b> <input type="text"/>					
<table border="1"><tr><td>5</td><td>TOTAL (QTY) (IN FIGURES)</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	5	TOTAL (QTY) (IN FIGURES)	<input type="text"/>	<input type="text"/>	<b>OPIOID SUBSTITUTION TREATMENT</b>		
	5	TOTAL (QTY) (IN FIGURES)					
<input type="text"/>	<input type="text"/>						
	<input type="checkbox"/> METHADONE <input type="checkbox"/> BUPRENORPHINE <input type="checkbox"/> BUPRENORPHINE/NALOXONE						
	<b>OPIOID OVERDOSE THERAPY (FOR EMERGENCY USE ONLY)</b>						
	<input type="checkbox"/> NALOXONE NASAL SPRAY						
	<b>INSTALMENT INSTRUCTIONS</b>						
	INTERVALS						
	DAILY <input type="checkbox"/>						

Yours faithfully,

Shaun Flanagan  
Assistant National Director  
Primary Care Reimbursement Service