



## **Change to Physeptone<sup>®</sup> Oral Solution 1mg/1ml from generic methadone oral solution 1mg/1ml: FAQs document v1.0**

### **1. Who made this decision to change to Physeptone<sup>®</sup> oral solution 1mg/1ml and why have Turning Point decided to change from generic methadone?**

This decision was taken by the Turning Point Substance Misuse Senior Clinical Governance (SCG) group after careful consideration. It also reflects the direction of many Clinical Commissioning Groups and other drug services that have moved to branded prescribing for some drugs.

Substance Misuse services have come under increasing financial pressures in recent years as budgets for commissioned drug services are reduced. This has led to a review of our prescribing. The prescribing of Physeptone<sup>®</sup> oral solution 1mg/1ml will lead to a significant saving for our services which can be reinvested into other areas.

### **2. But I pay less for my generic methadone when compared to Physeptone<sup>®</sup> oral solution 1mg/1ml so how can Turning Point be saving money?**

Currently pharmacies are remunerated for **generic drugs** based on the price in the Drug Tariff (DT)<sup>1</sup> not on the price they pay to the wholesaler. So, for example, in September 2016 the DT price for methadone oral solution 1mg/1ml standard and sugar-free (500mls) was £6.15 and £6.30 respectively.

The remuneration for **branded drugs** is based on their listed price on the Dictionary of Medicines and Device (DM&D) website<sup>2</sup>. So, for example, in September 2016 the DM&D price for Physeptone<sup>®</sup> oral solution 1mg/1ml standard and sugar-free (500mls) was £5.46.

Although the cost difference may seem small it is significant to our services due to the large volume of methadone oral solution 1mg/1ml we use. For example, if 100 patients taking methadone oral solution 1mg/1ml S/F at a dose of 50mls are switched to Physeptone<sup>®</sup> oral solution 1mg/1ml Turning Point services would release £2996 per annum for other areas: a significant amount when substance misuse services are coming under increasing funding pressure.

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<sup>1</sup> Drug Tariff (September 2016). Available at <http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx> (Accessed 13/09/2016)

<sup>2</sup> eMC Dictionary of Medicines and Devices Browser. Available at <http://dmd.medicines.org.uk/> (Accessed 13/09/2016)

**3. Drug Tariff costs may change though – have you considered this?**

Yes we have. We do accept that this may be a risk but looking at the historical picture suggests that the price of Physeptone® oral solution 1mg/1ml (standard and sugar-free) has always been below the DT price. As such, Turning Point have accepted this risk.

**4. Supplies may be an issue as we move to a branded product though? Can you assure us that you have considered this?**

Yes, we have recognised this and have been working with Martindale to ensure all areas that are transferring to Physeptone® oral solution 1mg/1ml have sufficient warehouse stock to support the transfer. In addition it is important to note that we have also already completed this switch in three county services and no problems have been experienced.

**5. I am concerned for the service users who may be changing brands – what are Turning Point doing to support them?**

All service users will be informed of the change via face-to-face recovery work sessions or letters which we are distributing with the prescriptions. We do not anticipate any problems with this switch but in the unlikely event that a service user has an adverse effect to an excipient in the Physeptone® oral solution 1mg/1ml the prescriber will review the prescription and make any necessary changes.

**6. What about storage space for the Physeptone® oral solution 1mg/1ml in my pharmacy as I currently make up methadone oral solution 1mg/1ml?**

Physeptone® oral solution 1mg/1ml now comes in 2.5L plastic bottles which should limit this problem. The 2.5L Physeptone® oral solution 1mg/1ml plastic bottle should also fit into the space in methadone dispensing units e.g. methameasure and meathasoft dispensing machines.

In addition to this the use of a licenced product is recommended by the General Medical Council where available<sup>3</sup> so Turning Point Substance Misuse SCG group supports the use of a licenced product i.e. Physeptone® oral solution 1mg/1ml.

Nevertheless we recognise that some pharmacies do use methadone powder and a diluent to support their work with a large cohort of service users. If this is the case

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<sup>3</sup> General Medical Council (2013). Good practice in prescribing and managing medicines and devices. Available at [http://www.gmc-uk.org/Prescribing\\_guidance.pdf\\_59055247.pdf](http://www.gmc-uk.org/Prescribing_guidance.pdf_59055247.pdf) (Accessed 13/09/2016)

please contact our service and we can discuss how best to support you in making this transition and continuing to work with our service users.

**7. I am concerned I am going to be left with unused stock after the switch has taken place. How are you going to help me limit this?**

Pharmacies will be given at least 28 days' notice of a switch to limit this possibility. As methadone is a Schedule 2 controlled drug we do not anticipate that community pharmacies will hold greater than 28 days of methadone oral solution 1mg/1ml (standard and sugar-free) and that this is a suitable grace period to use stock prior to the switch. However, if you hold more than 28 days stock of methadone oral solution 1mg/1ml (standard and sugar-free) please contact our service and we can discuss how best to support you.

**8. This is going to have a significant financial effect on my pharmacy so can you review the decision based on this?**

As a former community pharmacist who still locums I do recognise this as did the Substance Misuse SCG group when making this decision. However, the pressure on our services as funding has been reduced means that this was a decision that was necessary.

**9. Who can I go to if my question has not been answered by this document?**

Please contact Graham Parsons (Lead Pharmacist) or Dr Jenny Scott (Deputy Lead Pharmacist) to discuss any other questions you may have via email. They can either respond to your questions via email or arrange a mutually convenient time to discuss any other questions you may have.

Their contact details are:

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**Prepared on Tuesday 13<sup>th</sup> September 2016 by Graham Parsons**