

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 3 Issue 3—August 2009

In pursuit of seamless care

A veteran who has been doing well on buprenorphine fills you in on his plans to move and asks if you know anyone at the VA in his new city who can prescribe buprenorphine, but there is no easy way to find an answer.

Please join an effort to compile a comprehensive database of VA buprenorphine prescribers.

Simply [send an email](#) to Margaret Krumm with the following information about yourself:

1. City, State
2. Type (e.g., primary care, SATP, addiction psych clinic, etc.)
3. Detox, Maintenance, or both
4. Name of provider or contact person
5. Are you PCSS mentor? – yes or no
6. Phone number(s)
7. Email address(es)
8. Physical address

The list will be posted on the Office of Mental Health Services' [SUD SharePoint site](#).

Research update

A phase 1a clinical trial of NanoBUP™ demonstrated high oral absorption of buprenorphine/naloxone in a capsule. Bioavailability was 60–70%, whereas the bioavailability of sublingual buprenorphine is 30%. While peak concentration was lower than the sublingual, time to peak concentration was faster.

Funded by the National Institutes of Health – National Institute of Drug Addiction (NIH-NIDA), Nanotherapeutics, Inc., is testing their NanoDRY® particle delivery system, which is an immediate release capsule. Read the full press release [here](#) [pharmalive.com].

- Greenwald MK, Steinmiller CL. **Behavioral economic analysis of opioid consumption in heroin-dependent individuals: effects of alternative reinforcer magnitude and post-session drug supply.** Drug Alcohol Depend. 2009 Sep 1;104(1-2):84-93. PMID: 19464125

Tip of the month

When transferring a patient from methadone to buprenorphine, it can be difficult to determine when the patient should take his or her last dose of methadone. Ask how they feel the day after skipping or forgetting a dose. If they feel pretty good and don't have withdrawal symptoms, then it is probably best for them to take their last methadone dose 72 hours before coming in for buprenorphine induction to ensure that they are in mild/moderate withdrawal.

Source: Laura F. McNicholas, MD, PhD

Upcoming live training

December 2: Los Angeles, California. Details [here](#) [aaap.org].

New resources posted to SharePoint

The consult service Resource Guide and slides to previous in-service presentations are available for viewing and download from the Office of Mental Health Services' [SUD SharePoint site](#).

This information is supported and provided by the Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI), Center of Excellence in Substance Abuse Treatment and Education (CESATEs), the Mental Illness Research, Education and Clinical Centers (MIRECC), and the Program Evaluation and Resource Center (PERC) within the Department of Veterans Affairs. Please contact Margaret Krumm at margaret.krumm@va.gov or 412-954-5229 with questions or comments.