A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment) **Volume 5 Issue 1—July 2011**



Buprenorphine and Medication-Assisted Addiction Treatment in the News Good press *and* bad press.

"Rethinking Addiction's Roots, and Its Treatment." Douglas Quenqua. New York Times. July 10, 2011.

A critique of the above: "Why Medicine for Addiction Will Make Our Problems Worse." Stanton Peele. The Huffington Post. July 20, 2011. (Please pardon the politically partisan content of the majority of the rest of the site.)

"Drug meant to treat heroin users being used to get high." Cristina Rodda. KOB News, Albuquerque, NM. July 15, 2011.

Research Update

Mouse-over to see abstract.

Opioid dependence. Benich JJ 3rd. Prim Care. 2011 Mar;38(1):59-70, vi. Epub 2010 Dec 24. Review. PMID: 21356421.

Buprenorphine and norbuprenorphine findings in hair during constant maintenance dosage. Skopp G, Kniest A, Haisser J, Mann K, Hermann D. Int J Legal Med. 2011 Mar;125(2):277-81. Epub 2011 Feb 8. PMID: 21301858

Buprenorphine versus methadone in pregnant opioid-dependent women: a prospective multicenter study. Lacroix I, Berrebi A, Garipuy D, Schmitt L, Hammou Y, Chaumerliac C, Lapeyre-Mestre M, Montastruc JL, Damase-Michel C. Eur J Clin Pharmacol. 2011 May 3. [Epub ahead of print] PMID: 21538146.

Gender differences in pharmacokinetics of maintenance dosed buprenorphine. Moody DE, Fang WB, Morrison J, McCance-Katz E. Drug Alcohol Depend. 2011 Apr 22. [Epub ahead of print] PMID: 21515002.

Frequently Asked Questions

Can tablets be split?

The tablet is not scored, so the two resulting doses may be unequal. Splitting tablets may also encourage diversion.

Outside of the VA where patients routinely pay for the entirety of their buprenorphine, splitting is more common. It also happens at VAs whose pharmacies charge double co-pays when a patient requires both the 8 mg tablet and the 2 mg tablet for one dose.

Aside from the lack of score line, there is no scientific evidence to discourage the practice.

What can physician assistants and nurse practioners do?

The short answer is: Everything except actually sign the prescription.

Under the supervision of a physician who holds an x-designation, a PA or NP may give counsel, administer buprenorphine, and follow patients on through the maintenance phase. The physician must be the only prescriber at all points in the process (induction, maintenance, etc.). X numbers cannot be given to non-physicians even if the NP/PA has his or her own DEA license.

There *are* efforts underway in the American Academy of Physician Assistants to lobby congress to amend DATA-2000 so that physician assistants will be able to prescribe buprenorphine for opioid dependence.

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