A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 4 Issue 1—June 2010

BIV
Buprenorphine Initiative in the VA

2010 Buprenorphine Summit presentations available

The slides from the 4th SAMHSA/NIDA buprenorphine summit have been posted here [buprenorphine.samhsa.gov]. Presentation topics were diverse and addressed DEA inspections, models of care, economics, efficacy, counseling, best practices, and more.

Do you need to increase your patient limit?

One year after *applying for the waiver* to prescribe buprenorphine, physicians may submit a request to increase their patient limit from 30 to 100.

Submit your notification online [buprenorphine.samhsa.gov].

or

Fill out this form and send it in.

SAMHSA/CSAT will formally acknowledge your submission of the second notification by letter; however, unless you are notified of the contrary, the "good faith" submission of the second notification permits treatment of up to 100 patients. For more information, contact the CSAT Buprenorphine Information Center at 866-BUP-CSAT (866-287-2728) or at info@buprenorphine.samhsa.gov.

Cyber In-Services

Semi-monthly education about buprenorphine

Past presentations are available in the buprenorphine folder at the SUD SharePoint site.

Next in-service topic: "Buprenorphine Regulations in the VA: DEA inspections and Joint Commission issues"

Please join us on **Friday, July 16 at 2pm Eastern**.
Click here to add the event to your Outlook calendar.
Click here to enter the meeting and view slides. (If asked when logging on, the meeting ID is 'bupregs'.)
To hear audio, call 1-800-767-1750, then enter 13881#.
Slides will be available for download from the online meeting interface, as well as the SUD SharePoint site.

Research Update

Mouse-over for abstract

Post-marketing Surveillance of Methadone and Buprenorphine in the United States. Dasgupta N, Bailey EJ, Cicero T, Inciardi J, Parrino M, Rosenblum A, Dart RC. Pain Med. 2010 Jun 8. [Epub ahead of print]PMID: 20545875

Top manager effects on buprenorphine adoption in outpatient substance abuse treatment programs. Friedmann PD, Jiang L, Alexander JA. J Behav Health Serv Res. 2010 Jul;37(3):322-37. Epub 2009 Mar 19.PMID: 19296223

Effect of incarceration history on outcomes of primary care office-based buprenorphine/naloxone. Wang EA, Moore BA, Sullivan LE, Fiellin DA. J Gen Intern Med. 2010 Jul;25(7):670-4. Epub 2010 Mar 6.PMID: 20213205

Training Brush-Up: Less-than-daily dosing

Some patients may respond better to less-than-daily dosing regimens of buprenorphine/naloxone, and less-than-daily dosing may be advantageous under circumstances where all dose ingestions are being supervised. Studies have shown the efficacy of alternate-day or thrice-weekly buprenorphine administration (Bickel et al. 1999; Petry et al. 1999; Amass et al. 2000; Perez de los Cobos et al. 2000).

The method employed in all the studies for determining the dose for less-than-daily dosing regimens was to double (for every-other-day dosing) or triple (for every 3-day dosing) the required daily dose for the patient. For example, increase the dose on the dosing day by the amount not received on intervening days: if on 8/2 mg daily, switch to 16/4, 16/4, 24/6 mg on Monday, Wednesday, and Friday, respectively. Source: AAAP DATA-2000 Training

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