



# A Tool for Buprenorphine Care

A series of monthly newsletters about buprenorphine treatment  
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## EMERGENCY ROOM ADDICTION TREATMENT

When a patient presents at the emergency department (ED) with an opioid overdose or opioid-related symptoms, emergency medical treatment measures can begin the process of healing. But the underlying causes for addiction are not usually considered in the purview of the ED. A recent randomized clinical trial ([Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence](#)) sought to parse out the possible benefits of beginning the process of screening, brief intervention, and referral to treatment (SBIRT) along with ED treatment. As opposed to a brief intervention or referral alone, the results show that the ED SBIRT implementation was successful in increasing patient involvement in addiction treatment (78% engaged 30 days after randomization), reducing inpatient addiction services, and reducing self-reported opioid use.

A recent NPR article ([Why Not Start Addiction Treatment Right In The ER?](#)) has a nice recap of the article.

## BIV'S MONTHLY WEBINAR SERIES:

The BIV's monthly webinar series continues on Tuesday, May 12<sup>th</sup> at 1:00pm EST with the topic of *Latest Literature in Buprenorphine Care*. Please submit questions in advance that you would like to be addressed to [John.HardingJr@va.gov](mailto:John.HardingJr@va.gov). Look for a Microsoft Outlook calendar invite to the webinar.

Previous webinars (including slides and audio) can be found on the BIV Sharepoint site [here](#).

## MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [Methadone and Buprenorphine 101: A Guide for Law Enforcement](#)
2. [Docs Need Better Training to Treat Opioid Addiction, Congress Told](#)

## RESEARCH UPDATE

1. Mark TL, Lubran R, McCance-Katz EF, Chalk M, Richardson J. [Medicaid Coverage of Medications to Treat Alcohol and Opioid Dependence](#). J Subst Abuse Treat. 2015 Apr 16. pii: S0740-5472(15)00090-2. doi: 10.1016/j.jsat.2015.04.009. [Epub ahead of print]. TAKE HOME POINT: "This study characterized how Medicaid programs cover [alcohol and opioid dependence] medications. Results showed that only 13 state Medicaid programs included all medications approved for alcohol and opioid dependence on their preferred drug lists. The most commonly excluded were extended-release naltrexone (19 programs), acamprosate (19 programs), and methadone (20 programs). For combined buprenorphine-naloxone, 48 Medicaid programs required prior authorization, and 11 programs used 1- to 3-year lifetime treatment limits. Given the chronic nature of substance use disorders and the overwhelming evidence supporting ongoing coverage for many of these medications, states may want to reexamine substance use disorder benefits."
2. Nunes EV, Krupitsky E, Ling W, Zummo J, Memisoglu A, Silverman BL, Gastfriend DR. [Treating Opioid Dependence With Injectable Extended-Release Naltrexone \(XR-NTX\): Who Will Respond?](#) J Addict Med. 2015 Apr 21. [Epub ahead of print]. TAKE HOME POINT: "[...]the analyses show that none of the baseline variable-by-treatment interactions reached significance. Thus, there is no evidence of patient-treatment matching factors. The results suggest that extended-release naltrexone (XR-NTX) was effective in promoting abstinence from opioids and preventing relapse after detoxification across 25 different demographic features and clinical severity characteristics. Therefore, in these patients who reported an average of a decade of intravenous heroin dependence, this analysis extends the overall efficacy findings of the multisite, double blind randomized controlled trial (Krupitsky et al., 2011) with the additional finding that XR-NTX demonstrated its benefit versus placebo with patients of both lower and higher severity. The clinical implications of these findings seem to contradict conventional wisdom regarding oral naltrexone in opioid dependence. The findings further suggest the promise of XR-NTX as an addition to the treatment armamentarium for opioid dependence"

## BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA

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