A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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BIV
Buprenorphine Initiative in the VA

BUPRENORPHINE IN THE VA

Reproduction of the announcement from the VA PBM (Pharmacy Benefits Management):

VA PHARMACY BENEFITS MANAGEMENT MESSAGE REGARDING THE MANUFACTURER'S DISCONTINUATION OF BUPRENORPHINE/NALOXONE (SUBOXONE) SUBLINGUAL TABLETS

On September 26th, 2012, Reckitt-Benckiser announced to health care providers that it had notified the U.S. Food and Drug Administration on September 18th, 2012 that they would be voluntarily discontinuing the distribution of buprenorphine/naloxone (SUBOXONE) sublingual tablets (2 mg / 0.5 mg and 8 mg / 2 mg strengths) within the next 6 months. The buprenorphine/naloxone (SUBOXONE) film formulation will remain in production. The manufacturer cited an industry sponsored review of U.S. Poison Control Center data showing a higher rate of accidental pediatric exposures with the tablet than the film formulation; this information has not been published, nor has the FDA issued any statements regarding this issue (as of 9/27/2012).

The VA PBM realizes the urgency of needing to transition patients on the tablet to the film to prevent lapses in therapy before the tablets are no longer available. In the second and third weeks of October, the VISN Pharmacist Executive Committee and Medical Advisory Panel of VA PBM will be deciding formulary management strategies to address the discontinuation of the tablets. At this time, buprenorphine/naloxone tablets are on the VA National Formulary with criteria for use and there are no shortages. The film is available through the nonformulary request process without national criteria for use.

RECOMMENDATION: For now, VA PBM recommends that providers continue to prescribe the tablets in a 'business-as-usual' manner until advised otherwise. PBM will issue additional guidance in the near future.

OUTSIDE THE VA

Opiodprescribing.com Offers Online Opioid Prescription Training

Current education on the appropriate use of opiate pain prescriptions is often inadequate. Some providers report a lack of knowledge on the subject. An imbalance can occur: on one hand, a fear of negative ramifications such as overdosing or illegal distribution can cause a lower prescription than needed; on the other, an uneducated provider runs the risk of not noticing signs of the risk/benefit ratio, including abuse or excessive use. Boston University Medical Center aims to educate providers via Opioidprescribing.com, which results in AMA credits that are approved by the ACCME. Four modules allow for objectives to be met in opioid efficacy and safety, chronic pain management, monitoring, and communication with patients about proper use. For those providers seeking to increase their knowledge on this topic for their choric pain patients, this web-based training offers a clear alternative.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1) Reckitt Benckiser Voluntarily Discontinue Supply of Suboxone Tablets
2) BioDelivery Sciences Announces Positive Results of Pivotal Study Comparing BEMA BNX to Suboxone

RESEARCH UPDATE

1) Health Econ Rev. 2012, Mar 29;2(1).Budgetary impact analysis of buprenorphine-naloxone combination (Suboxone®) in Spain. Martinez-Raga J. **TAKE HOME POINT:** "Addition of B/N combination would imply a maximum incremental yearly cost of €10.58 per patient compared to scenario only with methadone and would provide additional benefits."
2) Subst Abus. 2012 Oct;33(4):361-5. Pain is not associated with worse office-based buprenorphine treatment outcomes. Fox AD. **TAKE HOME POINT:** "We found no association between pain and buprenorphine treatment outcomes…Participants with and without pain achieved treatment success…"

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