BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA Compiled and hosted by the <u>VISN 4 MIRECC</u>.

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment) Volume 7. Issue 1 – September 2013

INSIDE/OUTSIDE THE VA

As mentioned in the last issue of this publication, ZUBSOLV sublingual tablets were approved by the FDA for maintenance treatment of opioid dependence. As with other buprenorphine/naloxone combination medicines, ZUBSOLV's dosage indication is written for both substances. It is available in two dosing sizes: 1.4 mg buprenorphine/0.36 mg naloxone and 5.7 mg buprenorphine/1.4 mg naloxone. ZUBSOLV is currently approved in the VA formulary as it falls under the category of buprenorphine/naloxone sublingual tablets.

Possible dose confusion may occur for any provider or patient who is contemplating using ZUBSOLV in conjunction with or as a replacement for another buprenorphine medicine. Compared with similar offerings in the dosing size of 8 mg buprenorphine / 2 mg naloxone, the 5.7/1.4 mg ZUBSOLV tablets provide equivalent buprenorphine exposure but 12% lower naloxone exposure. (The difference in naloxone exposure is nominal but the buprenorphine exposure is significant.) The bioavailability of the ZUBSOLV tablet is higher than similar products.

Therefore, a provider who considers using a 5.7/1.4 mg ZUBSOLV tablet as lower overall dose increase is actually prescribing the *same* amount of buprenorphine as an 8/2 mg dosed medicine. The ZUBSOLV <u>prescribing</u> <u>document</u> indicates that the "tablet provides equivalent buprenorphine exposure" but it is important to note that this is equivalent to 8 mg of buprenorphine exposure. It is *not* appropriate to make a direct comparison on a mg basis to ZUBSOLV.



MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

- 1. FDA steamrolls over panel vote, spurns Titan's addiction drug Probuphine
- 2. Painkiller addicts hit Medicaid limits

RESEARCH UPDATE

- Drug Alcohol Depend. 2013 Aug 17. [Epub ahead of print] <u>Economic evaluation: A comparison of methadone</u> versus buprenorphine for opiate substitution treatment. Maas J, Barton G, Maskrey V, Pinto H, Holland R. TAKE HOME POINT: "...[T]he methadone program "dominates" the buprenorphine program as it was slightly more effective for the same cost."
- Addiction. 2013 Aug 20. [Epub ahead of print] <u>Treatment Retention among Patients Randomized to</u> <u>Buprenorphine/Naloxone Compared to Methadone in A Multi-site Trial.</u> Hser YI, Saxon AJ, Huang D, Hasson A, Thomas C, Hillhouse M, Jacobs P. TAKE HOME POINT: "Provision of methadone appears to be associated with better retention in treatment for opioid dependence than buprenorphine, as does use of provision of higher doses of both medications. Provision of buprenorphine is associated with lower continued use of illicit opioids."

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



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 (CESATE), 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 Dan Harding at <u>John.HardingJr@va.gov</u> or 412-954-5207 with questions or comments.



