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Why don’t more people use this drug? Myths, Evidence & Policy

Robin E. Clark
University of Massachusetts Medical School

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Why don’t more people use this drug?

Myths, evidence & policy

Robin Clark, PhD

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Data access granted by MassHealth
Collaborators

• Jeffrey Baxter, MD
• Mihail Samnaliev, PhD
• Lobat Hashemi, MS
• Gary Leung, PhD.
• Lisa Lines, MPH
After a drug goes to market

Medication Use

- Drug Companies
- Regulators
- Payers
- Providers
- Patients
Context: medication-assisted treatment for opioid dependence

- Methadone maintenance (an opioid agonist)
- Naloxone (an opioid antagonist)
- Buprenorphine/naloxone (Suboxone®)
Buprenorphine/naloxone (Suboxone®)

- Introduced in 2003
- Safer than methadone
- Can be dispensed in an outpatient setting and taken without direct observation
- It reaches a new group of patients with addiction
Variation isn’t explained by need

Opioid addiction prevalence

Suboxone® Use
The media weighs in

OPINION
Under the influence of methadone

By Lawrence Harmon
GLOBE COLUMNIST
MAY 15, 2011

WHILE THE early-morning South Shore commuters crawl along Southern Artery waiting for their coffee to kick in, the Habit OPCO methadone van pulls into the parking lot of a shuttered VFW hall in Quincy. Inside, a nurse pumps doses of liquid methadone for arriving opioid addicts, who range from burly workmen to young moms with kids in tow. Outside, a sharp-eyed guard swoops down on an unwelcome visitor. This and similar scenes at methadone clinics across the state have represented the gold standard in addiction treatment for 40 years. But it's looking more tarnished every day.
“Suboxone is gaining traction as the safest and most effective treatment for opioid addiction.”

“One might think that state public health officials would vigorously embrace the newer drug. They don't. Or that doctors, especially psychiatrists, would be lining up to learn more about the drug. They aren't.”
Factors affecting adoption

Problem:
Threat of a generic
Factors affecting adoption

Problem:
Threat of a generic

Response: Introduced a film version
Factors affecting adoption

Problem: Access is limited
Factors affecting adoption

Suboxone® Use

Problem: Access is limited
Response: Expanded number of patients per provider
Factors affecting adoption

Suboxone® Use

Drug Companies

Regulators

Patients

Payers

Providers

Problem: Special training is required
Factors affecting adoption

Drug Companies

Patients

Regulators

Payers

Providers

Problem: Special training is required

Response: prescriber demand not met
Factors affecting adoption

Problem:
Costs ~$350/month
Factors affecting adoption

Problem: Costs ~$350/month

Response: Payer restrictions
Factors affecting adoption

Problem: Concerns about diversion

Suboxone® Use

Drug Companies

Patients

Providers

Payers

Regulators
Factors affecting adoption

Problem: Concerns about diversion

Response: Restrictions on access

Suboxone® Use

Drug Companies

Patients

Providers

Payers

Regulators
Myth or Evidence?

- The Globe: Suboxone is more effective
- The Evidence: favors methadone
Effectiveness evidence favors methadone

- We studied 33,923 MassHealth members with opioid addiction between 2003 and 2007
- 53,557 treatment episodes
- Used an intent to treat model with patient matching to compare effectiveness
- Significantly more use of relapse-related services in the Suboxone group
- Clinical trials agree
Myth or Evidence?

• The Globe: All patients should use Suboxone®
• The evidence:
• Methadone works better for some patients
• Suboxone® patients had more behavioral health disorders, fewer physical problems than methadone users
• Other studies show differences in employment, age and other characteristics
Myth or Evidence?

• The Globe: Massachusetts has been slow to adopt Suboxone®

• The Evidence: Only 2 states use Suboxone® more intensively than Massachusetts
Myth or Evidence?

• The Globe says Suboxone patients cost about $666 less per month than methadone.
• MassHealth says Suboxone is too expensive.
• The Evidence: our analysis shows that Suboxone costs about $29 less per month than methadone.
Myth or Evidence?

• The Globe: Did not mention the large numbers of patients not using any medication-assisted treatment
• The Evidence: Death rates are significantly lower among MAT users than drug-free users
• There is no difference in death rates between methadone and buprenorphine users
Myth or Evidence?

• The Globe: not enough providers are trained to prescribe Suboxone.

• The Evidence: the percentage of trained prescribers is higher in Massachusetts than in most other states.

• There are still not enough providers to meet demand.
How do we improve?

• Invest in independent comparative evaluation of medications
• Focus on value not just cost
• Measure total cost rather than drug cost
• Acknowledge patient differences
• Incentivize prescriber certification
Disclosure

I have no financial interest in Suboxone or in any other products discussed in this presentation.