

LETTER TO EDITOR

**OPEN ACCESS**

Full open access to this and thousands of other papers at <http://www.la-press.com>.

## Comment on “A Comparison of Buprenorphine + Naloxone to Buprenorphine and Methadone in the Treatment of Opioid Dependence During Pregnancy: Maternal and Neonatal Outcomes”

Robert G. Newman, M.D., M.P.H.<sup>1</sup> and Susan G. Gevertz, A.B.<sup>2</sup>

<sup>1</sup>Director, Baron Edmond de Rothschild Chemical Dependency Institute, Beth Israel Medical Center, 555 W. 57th St., NY, USA. <sup>2</sup>Independent Healthcare Consultant, Scarsdale, NY and Westchester County Health Care Corporation, Valhalla, NY, USA. Corresponding author email: [RNewman@icaat.org](mailto:RNewman@icaat.org)

---

In a recent article, Lund et al sought to compare maternal and neonatal outcomes of various treatment regimens for opioid dependence during pregnancy.<sup>1</sup> In their background, discussion the authors state that “In the United States buprenorphine plus naloxone [Suboxone®] ... has been the preferred form of prescribed buprenorphine due to its reduced abuse liability relative to buprenorphine alone [Subutex®].” This claim is certainly consistent with the view of the firm that has manufactured and sold both products, Reckitt Benckiser. In September of 2011, the company announced that it was “... discontinuing distribution and sale of Subutex® tablets as we believe that mono product (product containing buprenorphine alone with no naloxone) creates a greater risk of misuse, abuse and diversion ...”.<sup>2</sup> Supporting evidence for the alleged “reduced abuse liability” appears to be lacking, however, and evidence cannot be located in the two references cited by Dr. Lund and his co-authors, which in fact are silent on the subject of abuse potential.<sup>3,4</sup> In contrast, it has been reported that the transition to buprenorphine/naloxone from the mono formulation has been associated with “... no reduction in injection risk behaviors among IDUs.”<sup>5</sup>

---

*Substance Abuse: Research and Treatment* 2013:7 107–108

doi: [10.4137/SART.S12250](https://doi.org/10.4137/SART.S12250)

This article is available from <http://www.la-press.com>.

© the author(s), publisher and licensee Libertas Academica Ltd.

This is an open access article published under the Creative Commons CC-BY-NC 3.0 license.



One factor unquestionably distinguishes the two formulations of buprenorphine: cost! Thus, there are at least seven major firms in the US that provide a 30-day supply of generic buprenorphine without naloxone for \$80 or less,<sup>6</sup> compared to the “wholesale average price” of \$252 for the same quantity of Suboxone sublingual tablets, and \$211 for Suboxone film, which remains patent-protected.<sup>7</sup> Clearly, the fiscal benefits to the manufacturer of the combined product come at the expense of patients and their insurers—if the patients have insurance. Inevitably, that expense will prove impossible for many to bear, and the result will often be loss of access to a potentially life-saving medication.

### Author Contributions

Conceived and designed the concept: RGN, SGG. Wrote the first draft of the manuscript: RGN. Agree with manuscript results and conclusions: RGN, SGG. Made critical revisions and approved final version: RGN, SGG. All authors reviewed and approved of the final manuscript.

### Funding

Author(s) disclose no funding sources.

### Competing Interests

Author(s) disclose no potential conflicts of interest.

### Disclosures and Ethics

As a requirement of publication the author has provided signed confirmation of compliance with

ethical and legal obligations including but not limited to compliance with ICMJE authorship and competing interests guidelines, that the article is neither under consideration for publication nor published elsewhere, of their compliance with legal and ethical guidelines concerning human and animal research participants (if applicable), and that permission has been obtained for reproduction of any copyrighted material. This article was subject to blind, independent, expert peer review. The reviewers reported no competing interests.

### References

1. Lund IO, Fischer G, Welle-Strand GK, et al. A comparison of buprenorphine + naloxone to buprenorphine and methadone in the treatment of opioid dependence during pregnancy: maternal and neonatal outcomes. *Subst Abuse*. 2013; 7:61–74.
2. Discontinuation of sale and distribution of Subutex® tablets CIII. Reckitt Benckiser. <http://buprenorphine.samhsa.gov/SubutexDiscontinuation9-16-11.pdf>. Updated Sep 16, 2011. Accessed Apr 22, 2013.
3. Fudala PJ, Bridge TP, Herbert S, et al. Office-based treatment of opiate addiction with a sublingual-tablet formulation of buprenorphine and naloxone. *N Engl J Med*. 2003;349(10):949–58.
4. Strain EC, Harrison JA, Bigelow GE. Induction of opioid-dependent individuals onto buprenorphine and buprenorphine/naloxone soluble-films. *Clin Pharmacol Ther*. 2011;89(3):443–9.
5. Yokell MA, Zaller ND, Green TC, Rich JD. Buprenorphine and buprenorphine/naloxone diversion, misuse, and illicit use: an international review. *Curr Drug Abuse Rev*. 2011;4(1):28–41.
6. Opioid agonist/antagonists for opioid dependence. Good Rx. <http://www.goodrx.com/opioid-dependence/opioid-agonist-antagonists>. Accessed Apr 22, 2013.
7. Reckitt's Suboxone strategy is really about patients or profits? Forbes. <http://www.forbes.com/sites/edsilverman/2012/10/12/reckitts-suboxone-strategy-is-really-about-patients-or-profits/>. Accessed Apr 22, 2013.