



Welcome to the VIP Initiative

July 2018

An IDEAS2 –VISN 19 Service and Research Collaborative

## EMPLOYEE SPOTLIGHT

### Please welcome Ana Holtey D.O



We are happy to introduce Dr. Ana Holtey, our new Faculty Physician/Clinician. Dr. Holtey will be working on the clinical side of the VIP Program.

Dr. Holtey was born and raised in Arizona. After graduating from high school, she completed both her undergraduate degree in chemistry and masters in physiology at the University of Arizona in Tucson. She continued her training in medical school at Arizona College of Osteopathic Medicine in Glendale, Arizona and moved to Salt Lake City for family practice residency. Upon completing her residency in family medicine, her family decided to stay and call Salt Lake City home.

In 2017, she entered a fellowship in addiction medicine where she was able to specialize in treating patients with substance use disorders. She is looking forward to the opportunity to join a team who will provide care to our veterans.

## PAPER PRESENTED

Dr. Adam Gordon presented at the VISN 19 PACT SUMMIT in Denver. The presentation can be accessed in [here](#).

### *Opioid Use Disorder Treatment in VA Primary Care Settings.*

The goal of this presentation was to:

- Examine the potential and reality for opioid use disorder (OUD) in VA Primary Care Settings
- Examine VISN 19 Specific Initiatives to understand, encourage, and implement OUD treatment in VISN 19 Primary Care Settings.

## UPDATES IN RESEARCH

**Opiate Dependence or Addiction? A Review of the Centers for Disease Control and Prevention Guidelines for Management of Chronic Pain.** Gina C. Dobbs, MSN, FNP-BC, CRNP m Susanne A. Fogger, DNP, PMHNP-BC, CARN-AP, FAANP. ISSN: 0889-7077 (Print) 1547-0164 (Online) Journal homepage: <http://www.tandfonline.com/loi/wsub20>

**The conundrum of opioid tapering in long-term opioid therapy for chronic pain: A commentary.** Ajay Manhapra, Albert J. Arias & Jane C. Ballantyne. To cite this article: Ajay Manhapra, Albert J. Arias & Jane C. Ballantyne (2017): The conundrum of opioid tapering in long-term opioid therapy for chronic pain: A commentary, Substance Abuse, DOI:10.1080/08897077.2017.1381663 To link to this article: <http://dx.doi.org/10.1080/08897077.2017.1381663>

## NEW OUD GUIDANCE

The PBM has recently approved a document regarding Opioid Use Disorder Pharmacotherapy Recommendations for Use. This includes guidance on all the approved medication treatments for opioid use disorder. Please disseminate widely.

[Opioid Use Disorder Pharmacotherapy Recommendations for Use - 053018](#)

## VIP'S MONTHLY WEBINAR SERIES

Please announce to your networks our 30 minute, virtual VIP chat on July 25th, 2018 to discuss : *The case of Remy the Remote Veteran – How to do Home Induction of Buprenorphine.*

If you have a question you would like to have addressed, please submit it to [Nodira.Codell@va.gov](mailto:Nodira.Codell@va.gov).

For resources, guidances, past newsletters and presentations, visit our VIP SharePoint site:

[www.tinyurl.com/vip-initiative](http://www.tinyurl.com/vip-initiative)

## **FDA approves first generic versions of Suboxone sublingual film, which may increase access to treatment for opioid dependence**

Agency is taking additional steps to advance the development of new FDA-approved treatments for opioid dependence and encourage their more widespread use

### **For Immediate Release**

The U.S. Food and Drug Administration today approved the first generic versions of Suboxone (buprenorphine and naloxone) sublingual film (applied under the tongue) for the treatment of opioid dependence.

“The FDA is taking new steps to advance the development of improved treatments for opioid use disorder, and to make sure these medicines are accessible to the patients who need them. That includes promoting the development of better drugs, and also facilitating market entry of generic versions of approved drugs to help ensure broader access,” said FDA Commissioner Scott Gottlieb, M.D. “The FDA is also taking new steps to address the unfortunate stigma that’s sometimes associated with the use of opioid replacement therapy as a means to successfully treat addiction. Patients addicted to opioids who are eventually treated for that addiction, and successfully transition onto medicines like buprenorphine, aren’t swapping one addiction for another, as is sometimes unfortunately said. They’re able to regain control of their lives and end all of the destructive outcomes that come with being addicted to opioids. When coupled with other social, medical and psychological services, medication-assisted treatments are often the most effective approach for opioid dependence.

[Medication-assisted treatment \(MAT\)](#) is a comprehensive approach that combines FDA-approved medications (currently methadone, buprenorphine, or naltrexone) with counseling and other behavioral therapies to treat patients with opioid use disorder (OUD). Regular adherence to MAT with buprenorphine reduces opioid withdrawal symptoms and the desire to use opioids, without causing the cycle of highs and lows associated with opioid misuse or abuse. At proper doses, buprenorphine also decreases the pleasurable effects of other opioids, making continued opioid abuse less attractive. According to the Substance Abuse and Mental Health Services Administration, patients receiving MAT for treatment of their OUD cut their risk of death from all causes in half.

Improving access to prevention, treatment and recovery services, including the full range of MAT, is a focus of the FDA’s ongoing work to reduce the scope of the opioid crisis and one part of the [U.S. Department of Health and Human Services’ Five-Point Strategy to Combat the Opioid Crisis](#). The FDA remains committed to addressing the national crisis of opioid addiction on all fronts, with a significant focus on decreasing exposure to opioids and preventing new addiction by taking new steps to encourage more appropriate prescribing; supporting the treatment of those with OUD and promoting the development of improved as well as lower cost forms of MAT; fostering the development of novel pain treatment therapies that may not be as addictive as opioids, and opioids more resistant to abuse and misuse; and taking action against those who contribute to the illegal importation and sale of opioid products. The agency will also continue to evaluate how drugs currently on the market are used, in both medical and illicit settings, and take regulatory action where needed.

One of the ways the FDA is encouraging access and wider use of MAT is through the approval of generic versions of these products. In an effort to promote competition to help reduce drug prices and improve access to safe and effective generic medicines for Americans, the agency is taking a number of new steps as part of its [Drug Competition Action Plan](#). This includes important work to improve the efficiency of the generic drug approval process and address barriers to generic drug development. Generic drugs approved by the FDA have, among other things, the same quality as brand-name drugs. Generic drug manufacturing and packaging sites must meet the same quality standards as those of brand-name drugs.