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HIV Risk Reduction With Buprenorphine-Naloxone or Methadone: Findings From A Randomized Trial

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We agree with the observation that this trial did not represent the way patients are treated with buprenorphine-naloxone in clinical practice; however, it is important to point out that the main purpose of this study was to evaluate if buprenorphine-naloxone causes hepatotoxicity. Several prior case reports suggested that it does, and the FDA asked NIDA to conduct a trial to explore this question. The request was that the trial includes at least 300 patients who were treated with each medication for 6 or more months and had four or more post-baseline blood draws to test for liver enzyme changes. A randomized trial, as the gold standard for comparing interventions, was judged to be the best way to explore this question. It was necessary to do the study in methadone programs since both medications would be available and the daily dosing minimized the risk of medication non-adherence due to diversion. All potential participants received thorough informed consent including the fact that they could drop out of the study at any time, agreed to be randomized before entering the study, and were not asked for their preferred treatment. The protocol was written at a time that patient requests for buprenorphine-naloxone treatment in primary care were expanding and before publication of the Cochran review¹ showing better retention with methadone than buprenorphine. Thus the magnitude of the differential dropout that occurred was unexpected. Study findings showed no evidence of buprenorphine-naloxone induced transaminase elevations² thus addressing concerns that led the FDA to request the study, and

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Revised and improved HIV data has not been presented; however, it will be presented at AMERSA in San Francisco, CA in November 8, 2014 and was submitted for ACNP in December 2014, but not yet accepted.

There are no Conflict of Interest

methadone maintenance and other local treatment options were available to patients that dropped out of their assigned medication condition. HIV risk was one of several measures included for secondary analyses. We hope that these clarifications are responsive to the comments raised by this letter

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