

Errata

The following updates were made to *Medications for Opioid Use Disorder: Medications Save Lives*:

p. 35, first full paragraph: the in-text citation (CRS, 2018) was moved from the second sentence to the first sentence.

p. 35, first full paragraph: a new footnote was added to reference 21 CFR § 1306.7.

p. 36, two sentences in the second full paragraph were rewritten as:

In fact, until recently only 2 to 3 percent of physicians in the United States were waived to provide buprenorphine, most of whom are based in urban areas (Rosenblatt et al., 2015). Many physicians who are waived do not prescribe to their maximum patient limit (Jones et al., 2015). In 2016 nurse practitioners and physician assistants became eligible to apply for training to obtain waivers.⁴

⁴ 81 FR 44711. Medication Assisted Treatment for Opioid Use Disorders.

p. 37, final paragraph: “compared to methadone” was added in the second sentence.

p. 38, second full paragraph: the citation “NASPA, 2019” was added to the fourth sentence.

p. 39, first paragraph was replaced with:

People with OUD are less likely to die when they are in long-term treatment with methadone or buprenorphine than when they are untreated. Treatment using agonist medication is associated with an estimated mortality reduction of approximately 50 percent among people with OUD (Degenhardt et al., 2014; Larochelle et al., 2017; Ma et al., 2018; Pierce et al., 2016; Sordo et al., 2017). Both methadone and buprenorphine treatment retention have been linked to substantially decreased risks of both all-cause and overdose-related mortality among people with opioid use disorder (Sordo et al., 2017). Increased access to treatment using agonist medication is associated with reduced opioid overdose deaths (Schwartz et al., 2013). Studies of extended-release naltrexone have not had sufficient power or duration of follow-up to detect a mortality benefit (Jarvis et al., 2018).

p. 39, final paragraph: the citation to “Faggiano et al., 2003” was moved from the second sentence to the first sentence.

p. 39, last paragraph: the second sentence was replaced with:

Buprenorphine dosing at 12–16 mg increases treatment retention (Bart, 2012), and higher doses result in better outcomes (Hser et al., 2014).

p. 40, second full paragraph: the fourth sentence was replaced with:

A recent systematic review found substantial variability in retention rates across treatment settings, with studies showing that 37–91 percent of individuals initiating treatment with medication for OUD were retained in treatment after the 12-month follow-up (Timko et al., 2016).

p. 41, third line from top of page: a citation to “Hser et al., 2014” was added.

p. 41, first full paragraph: the following underlined words were added:

A recent systematic review of 34 studies of extended-release naltrexone (Jarvis et al., 2018) reported that in controlled trials in which individuals had not already undergone opioid detoxification, only 63 percent of individuals randomized to extended-release naltrexone successfully received even a single dose of medication—the equivalent of 4 weeks of treatment.

p. 48, final paragraph, first sentence: the verb was changed to “indicated.”

In the References section that starts on p. 53:

The following references were removed:

- ASAM (American Society of Addiction Medicine). 2016. *Nurse practitioners and physician assistants prescribing buprenorphine*. <https://www.asam.org/resources/practice-resources/nurse-practitioners-and-physician-assistants-prescribing-buprenorphine> (accessed January 15, 2019).
- Bart, G., Q. Wang, J. S. Hodges, C. Nolan, and G. Carlson. 2012. Superior methadone treatment outcome in Hmong compared with non-Hmong patients. *Journal of Substance Abuse Treatment* 43(3):269–275.
- Cicero, T. J., M. S. Ellis, H. L. Surratt, and S. P. Kurtz. 2014. Factors contributing to the rise of buprenorphine misuse: 2008–2013. *Drug and Alcohol Dependence* 142:98–104.
- Larochelle, M. R., N. M. Cocoros, J. Popovic, E. C. Dee, C. Kornegay, J. Ju, and J. A. Racoosin. 2017. Opioid tolerance and urine drug testing among initiates of extended-release or long-acting opioids in Food and Drug Administration’s Sentinel System. *Journal of Opioid Management* 13(5):315–327.
- Schuckit, M. A. 2016. Treatment of opioid-use disorders. *New England Journal of Medicine* 375(4):357–368.

The following references were added:

- Degenhardt, L., S. Larney, J. Kimber, N. Gisev, M. Farrell, T. Dobbins, D. J. Weatherburn, A. Gibson, R. Mattick, T. Butler, and L. Burns. 2014. The impact of opioid substitution therapy on mortality post-release from prison: Retrospective data linkage study. *Addiction* 109(8):1306–1317.

- Larochelle, M. R., D. Bernson, T. Land, T. J. Stopka, N. Wang, Z. Xing, S. M. Bagley, J. M. Liebschutz, and A. Y. Walley. 2017. Medication for opioid use disorder after nonfatal opioid overdose and association with mortality: A cohort study. *Annals of Internal Medicine* 169(3):137–145.
- Ma, J., Y.-P. Bao, R.-J. Wang, M.-F. Su, M.-X. Liu, J.-Q. Li, L. Degenhardt, M. Farrell, F. C. Blow, M. Ilgen, J. Shie, and L. Lu. 2018. Effects of medication-assisted treatment on mortality among opioids users: A systematic review and meta-analysis. *Molecular Psychiatry* 24:1868–1883.
- NASPA (National Alliance of State Pharmacy Associations). 2019. *Pharmacist prescribing: Naloxone*. <https://naspa.us/resource/naloxone-access-community-pharmacies> (accessed February 27, 2020).
- Rosenblatt, R. A., C. H. A. Andrilla, M. Catlin, and E. H. Larson. 2015. Geographic and specialty distribution of US physicians trained to treat opioid use disorder. *Annals of Family Medicine* 13(1):23–26.

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