## **APPENDIX 4: Main Study Findings and Authors' Conclusions**

First Author, Publication	Main Findings and Authors' Conclusion								
Year,									
Country									
Randomized cor	trolled trials								
Neumann,	Main Findings:								
2013, US <sup>15</sup>	Comparison of SUB versus MET in patients with chronic pain + opioid addiction								
2013, 00	(13 patients in each group completed the study)								
	Outcome	comp		UB	MET	P value	<del>.</del>		
	Positive urine test for opioids, n		n (%) 5	5 (38.5) 2 (15		NS			
	Self-reported opioid use,		(38.5)	0`´	0.039				
	Treatment retention, n (%		3 (50.0)	13 (46.4)	NS				
	Self-reported side effects	Self-reported side effects, n (%)			9 (69.2)	NS			
	Self-reported side effects, n (%)8 (61.5)9 (69.2)NSAuthors' Conclusion:								
	After 6 months treatment, no patients in the MET group compared to 5 in the SUB								
	group reported illicit opioid use; other differences between the two groups were not								
	significant.								
Otiashvili,	Main Findings:					_			
2013, Georgia <sup>16</sup>	Comparison of SUB versus MET in adult patients with opioid dependence (at 12								
	weeks)								
	Outcome	SUB		MET		P val			
	Positive urine test for	1 (0.2		6 (1.5)		0.03	uc		
	opioid use, n (%)	1 (0.2	-)	0 (1.0)		0.00			
	Treatment retention, n	35 (8	7.5)	33 (82.5)	)	NR			
	(%)	(-							
	Adverse events, n	108	8 80			0.003			
	Authors' Conclusion:								
	"Daily observed methadone or buprenorphine-naloxone are effective treatments for								
	non-medical buprenorphine and other opioid use in Georgia." P. 1								
Saxon, 2013,	Main Findings:								
US <sup>17</sup>	Comparison of SUB versus MET in adults with opioid dependence and normal								
	liver function					_			
Hser, 2013, US <sup>19</sup>	0			MET	Durah				
	Outcome		SUB	MET					
(secondary analysis of	Treatment retention, wee (SD)	eks	18.5 (12.7)	25.8 (10	0.0) <0.00	01			
Saxon et al.)									
Saxon et al.)	Completion rate at 24 we	eks	46.1	74.1	<0.01				
	%	, ,	40.1	7 4.1	<b>NO.01</b>				
	,,,								
	Serious adverse events,	n	38 (5.2)	45 (8.7)	NS				
	(%)		(-)	- (- )					
	Authors' Conclusion:								
	"MET participants were retained longer in treatment than BUP* participants." P. 71								
	* referred to SUB								

First Author, Publication Year, Country	Main Findings and Authors' Conclusion								
Kamien, 2008,	Main Findings:								
US <sup>18</sup>	Comparison of SUB versus MET in opioid-dependent patients								
	Outcome	SUB	MET	P va	lue				
	Self-reported days of heroir				5 (low				
	use in the past days, chang		from 26.9 from 26.7		high				
	from baseline, mean (SE)	(0.8) to 5			es of y drugs				
		(2.4) High dos	(2.5) se: High o						
		from 26.			bined)				
		(1.1) to 3		o 4.3					
	Treatment retention, weeks	(1.7) Low dos	, , ,		NR				
	(SE)	12.1 (0.2							
	()	High dos							
		12.5 (0.2	2) 12.3 (	0.2)					
	Serious adverse events, n	1	4	NR					
	Authors' Conclusion:	·	•						
	"Addiction and retention did not differ among groups. Buprenorphine-naloxone is a								
	viable alternative to methado	one in clinical	practice." P	. 5					
Non-randomized	studies								
McKeganey,	Main Findings:								
2013, UK <sup>20</sup>	Outcome		Percentage of patients SUB MET						
	Days of heroin use in the past 90		38.64 37.40 (31.05) to (38.66) t		NR				
	days (change from 6-month timepoint to 14-month timep		(31.05) to (38.6 8.5 (12.52) 24.1						
	mean (SD)		(33.27)						
	The star and an a dia sec. at 0 an				0.05				
	Treatment readiness at 6-month timepoint (score)		2.96 (0.35) 3.13 (0.4		<0.05				
	Authors' Conclusion:								
	"MET and SUB were highly and equally effective for preventing relapse to regular								
	heroin use". P.97								
Rapeli, 2007,	Main Findings:								
Finland <sup>21</sup>	Comparison of SUB versus	s MET in adu		n	alua				
	OutcomeSUBAttention (TAP228 (13)	3)	<b>MET</b> 258 (32)		alue favored SUB				
	Tonic Alertness,	-)	200 (02)	1413,					
	simple reaction								
	time), mean (SD)								
	Working memory 8.7 (1.7	7)	8.8 (2.6)	NR					
	(WMS-III LNS),		()						
	mean (SD)								

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First Author,	Main Findings and Authors' Conclusion						
Publication Year,							
Country	(a + b) = (a +						
	Verbal memory, 14.8 (0.4) 14.6 (1.0) NR mean (SD)						
	Authors' Conclusion:						
	"To preserve cognitive function, the use of SUB may be more preferable to MET use." P. 2						
Economic evalua	tions						
Geitona, 2012, Greece <sup>22</sup>	Retrospective data used for CEA were retrieved from 2 health authority databases. Assessment criteria for outcome assessment: the completion of treatment and number of deaths.						
	<ul> <li>CEA (ICER, 2008 euros):</li> <li>Effectiveness: % of treatment completion in SUB was 1.5-fold &gt; than that in MET, % of deaths in SUB was 2.5-fold &lt; than that in MET;</li> <li>Cost for 1 year: €2,876 for SUB, €5,626 for MET.</li> <li>ICER: €-795.03 for SUB vs. MET for "treatment completion"; €-1410.7 for "% of avoided deaths"</li> </ul>						
	Sensitivity analyses: The variation of different individual cost parameters did not reverse the findings of the CEA.						
	Author's conclusion: "Analysis of cost effectiveness demonstrated that buprenorphine-naloxone was the dominant therapy in terms of mortality avoidance and completion of treatment." (p. 77)						
Doran, 2005, Australia <sup>23</sup>	Data were retrieved from an RCT. Assessment criteria for outcome assessment: changes in the number of heroin-free days between baseline and study end.						
	<ul> <li>CEA (ICER, 1998-1999 AUD):</li> <li>Effectiveness: change in number of heroin-free days between baseline and study end was 7.34 days in SUB, and 6.84 days in MET;</li> <li>Cost for 6 months: AUD1,593 for SUB, AUD1,415 for MET.</li> <li>ICER: AUD357 (confidence interval: -1,520 to 2,367) for SUB vs. MET for number of heroin-free days between baseline and study end.</li> </ul>						
	Sensitivity analyses: The variation of different individual cost parameters (dosing times, price of BUP and variation in the amount of staff time spent in contact with patients) did not reverse the findings of nonstatistical significance of ICER in the CEA.						
	Author's conclusion: "Adopting a provider perspective suggests that the observed difference between the cost-effectiveness of MET and the other treatments was not statistically significant, indicating that high-dose BUP and the BUP/NAL combination can provide a viable alternative to MET in the treatment of heroin dependence." (p. 583)						
MET=methadone; controlled trial; SD:	ollar; CEA=cost-effectiveness analysis; ICER=incremental cost-effectiveness ratio; MPD=Memory for Persons Data; NR=not reported; NS = not significant; RCT= randomized =standard deviation; SE=standard error of the mean; SUB = Suboxone; TAP=Test for Attentional S-III LNS=Wechsler Memory Scale -3 <sup>rd</sup> version						