LETTER TO THE EDITOR

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TIME TO INCLUDE BUPRENORPHINE–NALOXONE COMBINATION IN THE WHO MODEL LIST OF ESSENTIAL MEDICINES

Dear editor:

The eighteenth WHO Model List of Essential Medicines has recently been published.[1] The list includes methadone in the *complementary list* section that includes *essential medicines for priority diseases, for which specialized diagnostic or monitoring facilities, and/or specialist medical care, and/or specialist training are needed.*

Methadone has been used as a maintenance therapy for opioid dependence for more than 40 years.[2] Although an effective medicine, concerns have been expressed about safety of methadone, especially in overdose. Countries have laid down stringent guidelines for its dispensing in terms of qualification of prescribing practitioner and the centers that can offer it.[3]

Buprenorphine, a partial μ-opioid receptor agonist, has also been approved for use as maintenance therapy for opioid dependence in many countries. It has also been found to be an effective medicine for use in the maintenance treatment of heroin dependence.[4] However, concerns with possible diversion and use through injecting route call for closely supervised dispensing of buprenorphine.[5]

Buprenorphine/naloxone is a combination of buprenorphine and an opioid antagonist naloxone. This combination has been found to be effective in management of opioid dependence.[6] Unlike methadone and buprenorphine, buprenorphine/naloxone combination is available for office-based dispensing. The Substance Abuse Mental Health Services Administration Consensus Panel on Buprenorphine recommended that buprenorphine/naloxone combination should be used for the induction, stabilization, and maintenance of most patients.[7] Addition of naloxone to buprenorphine is aimed at preventing the diversion of the combination and subsequent use through injecting route. There have been limited reports of diversion of buprenorphine/naloxone combination and in most such cases the diverted medicine is used for nonsupervised therapeutic use.[5] Studies from the West have also reported it to be a cost-effective strategy for long-term management of opioid dependence in primary care setting.[8]

Buprenorphine/naloxone combination provides an effective option for management of opioid dependence. Because of less stringent requirements for its dispensing, it can be offered in wider settings. It fits the bill to be included in the *core list* of the WHO Model List of Essential Medicines. Drug abuse is a major contributor to global burden of disease[9] and the WHO Model List of Essential Medicines must make provisions for medicines to manage this disorder.

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