

Treating Opioid Use Disorder

- Medication is the gold standard for treating OUD
- Addition of behavioral therapies are beneficial in addressing co-morbid mental health issues
- Most behavioral treatment settings support patients taking Medications for Opioid Use Disorders (MOUD)

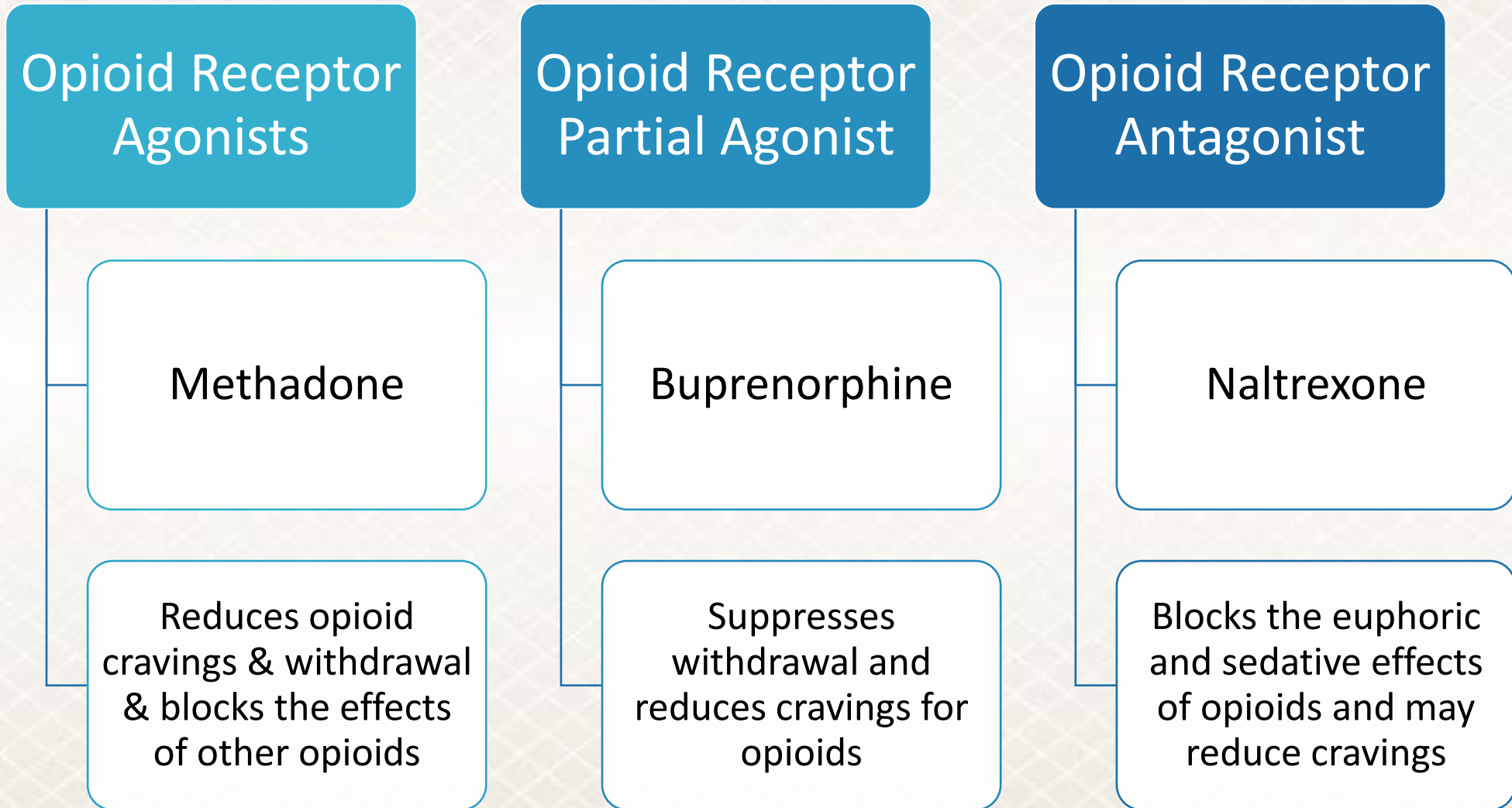


Ms. C is a 32 yo new patient who comes to your office for renewal of her pain medication (hydrocodone/acetaminophen) which she has been taking for the last 4 years for back pain. She states her previous physician recently relocated out of the area. She started taking the opioid pills after a C-section. She has continued them as she found that they helped with back pain which began in her third trimester. Every time she has tried to taper off, her back pain returns along with pain in her other joints. Over the last 4 years she has gone from taking 1 to 2 a day to now taking 8 to 10 daily. She can barely get out of bed if she doesn't have her medication but finds herself nodding out midday which scares her since she is home alone with her 4-year-old, who is quite active. She'd really like to get off the opioids especially since a cousin overdosed on pain pills last year, but she has resigned herself that her body is too sick without them.

What is the gold standard treatment for OUD which you can recommend to Ms. C?

- A. Detoxification and 30 days of residential treatment
- B. Detoxification and 90 days of residential treatment
- C. Narcotic Anonymous attendance, 90 meetings in 90 days
- D. Medication treatment (MOUD)

FDA Approved Medications for Opioid Use Disorder Treatment in Adults



Methadone

Opioid Receptor Agonist

USUAL DOSAGE: To be determined by the physician; to be diluted with water or other liquid to 30 mL (1 fl. oz.) or more before oral administration. Once opened, replace cap with calibrated dropper.

Keep This and All Medications Out of the Reach of Children.

STORAGE: Store at 20° to 25°C (68° to 77°F); excursions permitted to 15° to 30°C (59° to 86°F) [See USP Controlled Room Temperature]. Dispense in a tight container, protected from light.

DO NOT USE IF SEAL UNDER CAP IS MISSING OR APPEARS TO BE BROKEN.

Manufactured by:
VistaPharm, Inc., Largo, FL 33771, USA

VP2026R1
10/18

Unvarnished Area for Lot
Number & Exp. Date



NDC 66689-694-30
**METHADONE HYDROCHLORIDE
ORAL CONCENTRATE, USP**

10 mg/mL

(Cherry Flavored)

Each 1 mL Contains:
Methadone Hydrochloride, USP10 mg

**1 fl. oz.
(30 mL)**

Rx Only

VistaPharm

Methadone



Dosing

- 60 to 120 mg/day

Administration

- Once daily, oral liquid

Available Through

- Federally regulated Opioid Treatment Programs (OTP)

Cost

- \$ 240/month

Methadone

Side effects, disadvantages, advantages

Common Side Effects

- Restlessness
- Nausea/vomiting
- Slow breathing
- Itchy skin
- Heavy sweating
- **Constipation**
- Sexual dysfunction

Disadvantages

- Available ONLY through OTPs
- Initially requires daily visits to clinic
- Stigma
- Multiple drug-drug interactions
- Associated with prolonged QT interval

Advantages

- High efficacy
- Excellent for patients:
 - With no response to other medication
 - Need the accountability of frequent clinic visits
- Can be taken by persons who are pregnant or breastfeeding

Buprenorphine

Opioid Receptor Partial Agonist

Buprenorphine

Generic

Sublocade (Indivior)

Buprenorphine/Naloxone

Generic

Suboxone (Reckitt Benkiser)

Zubzolv SL (Orexo)

Bunavail (Biodelivery Sciences)

Available Through

- Any health care provider with Schedule III controlled substance prescribing authority

Buprenorphine

Generic

Administration

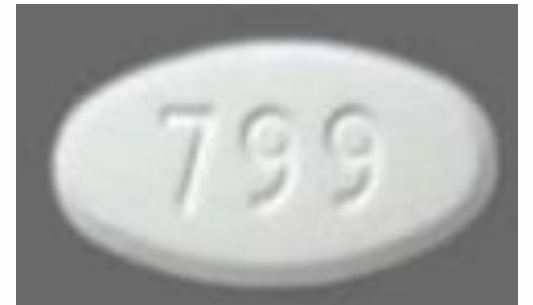
- Sublingual tablet

Dosing

- 8 to 16 (max 24) mg

Cost

- \$30-\$180 (dose dependent)



Buprenorphine

Sublocade (Indivior)

Administration

- Extended-release subcutaneous injection

Dosing

- Initial: 300 mg monthly for 2 months
- Maintenance: 100 mg monthly

Cost

- \$1,741.50



Buprenorphine/Naloxone

Generic

Administration

- Sublingual tablet

Formulation

- 2 / 0.5 mg, 8 / 2 mg

Dosing

- Target: 16 / 4 mg
- Range: 4 / 1 mg to 24 / 6 mg

Cost

- \$90-\$270 (dose dependent)



Buprenorphine/Naloxone

Suboxone (Reckitt Benkiser)

Route

- Sublingual film

Formulation

- 2/0.5 mg, 4/1 mg, 8/2mg, 12/3 mg

Dosing

- Target: 16 /4 mg
- Range: 4 /1 mg to 24 /6 mg

Cost

- \$240-\$900 (dose dependent)



Buprenorphine/Naloxone

Zubzolv SL (Orexo)

Route

- Sublingual tablet

Formulation

- 1.4/0.36 mg, 5.7/1.4 mg, 8.6/2.1 mg, 11.4/2.9 mg

Dosing

- Target: 11.4 /2.9 mg
- Range: 2.9 0.71 mg to 17.2 /4.2 mg

Cost

- \$180-\$540 (dose dependent)



Buprenorphine/Naloxone

Bunavail (Biondelivery Sciences)

Route

- Buccal film

Formulation

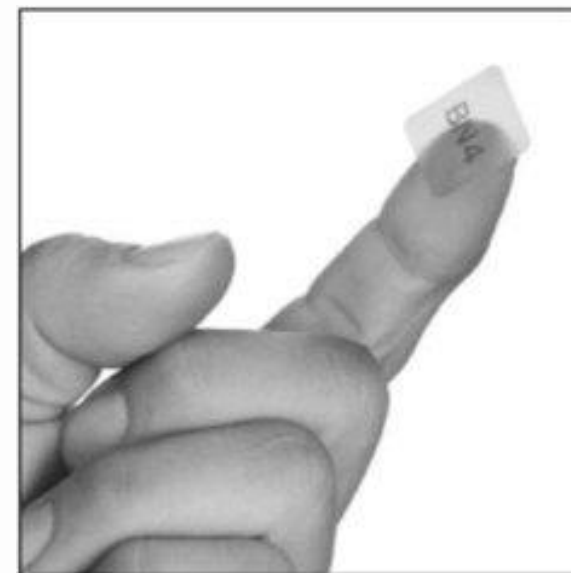
- 2.1/0.3 mg, 4.2/0.7 mg, 6.3/1 mg

Administration

- Target: 8.4 /1.4 mg
- Range: 2.1 /0.3 mg to 12.6 /2.1 mg

Cost

- \$550.52



Buprenorphine

Side effects, disadvantages, advantages

Common Side Effects

- Constipation, headache, nausea, and vomiting
- Dizziness
- Drowsiness and fatigue
- Sweating
- Dry mouth
- Muscle aches and cramps
- Inability to sleep
- Fever
- Blurred vision or dilated pupils
- Tremors
- Palpitations
- Disturbance in attention

Disadvantages

- Buprenorphine has abuse liability
 - Compounding buprenorphine with naloxone can decrease this risk

Advantages

- Improved safety
- Available as an office-based treatment
- Can be taken by persons who are pregnant or breastfeeding

Naltrexone

Opioid Receptor Antagonist



Naltrexone-ER

Dosing

- 380 mg

Administration

- Intramuscular injection

Available Through

- Any health care provider with prescribing authority

Cost

- \$1,458.09/month

Naltrexone-ER

Side effects, disadvantages, advantages

Common Side Effects

- Nausea
- Anxiety
- Insomnia
- Depression
- Dizziness

Disadvantages

- Poor patient compliance with oral formulation
- Depot formulation shows similar efficacy to agonist and partial agonist therapies
- Initiation requires 10 days of opioid abstinence

Advantages

- No abuse potential or diversion risk
- Non sedating
- No physical dependence
- An office-based treatments
- Option for individuals seeking to avoid any opioids