

Opioid Use Disorder: Who Should Get What and When?

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Choosing the Right Treatment

- **Key Point: Medication for Addiction Treatment is evidence based, safe, effective treatment for Opioid Use Disorder.**
 - **90%** of those detoxified from opioid use will relapse within first 1-2 months unless treated with medications.
 - MAT has been proven to increase retention, reduce risk of relapse, improve social functioning, reduce the risks of infectious-disease transmission and reduce criminal activity
 - **Any reduction in relapse risk can be life saving.**

Choosing the Right Treatment

- **Key Point: No single treatment is appropriate for everyone.**
 - Treatment varies depending on the type of drug and the characteristics of the patients.
 - Matching treatment setting, interventions, and services to an individual is critical to success
 - Treatment needs to be readily available, whatever the treatment is
 - Remaining in treatment for adequate time is critical to ongoing recovery.

Choosing the Right Treatment

- **MAT Works By:**

- Reducing or eliminating withdrawal symptoms (methadone and buprenorphine only)
- Blunting or blocking the effects of illicit opioids
- Reducing or eliminating cravings to use opioids

Choosing the Right Treatment

- **Three MAT Treatment Options:**
 - Naltrexone (oral and Long acting injection)
 - Buprenorphine (combo product with naloxone, film, tablet, implant and injection)
 - Methadone

Naltrexone

- **Naltrexone oral dosing: 50 mg daily**
 - Available but it has NOT been found to be superior to placebo or to no medication in clinical trials.
 - Nonadherence limits its use.
- **Naltrexone long acting injection (XR-NTX) 380 mg monthly**
 - Superior to placebo and no medication treatment
 - Acceptable treatment in abstinence-based programs
 - Works better in highly motivated patients
 - Injection is still expensive

Buprenorphine

- **Multiple Formulations:**

- Buprenorphine/naloxone (eg, Suboxone[®]) tablet or film
- Buprenorphine monoprodut (eg Subutex[®]) tablet or film
- Implantable Form: 6 month implants, can only use twice in lifetime
- Long acting Injectable buprenorphine: Sublocade[®] or Brixadi[®]

Buprenorphine Evidence

- Early studies showed methadone to be more effective:
 - Methadone 50 – 80%
 - Naltrexone 10 – 20%
 - Buprenorphine-Naloxone 40-50%
- 2014 Cochrane Review of 31 trials:
 - Less effective than methadone at low dose (2 - 6 mg per day)
 - Not different from methadone prescribed at fixed doses > 7 mg per day

Kreek et al, 2001.

Mattick RP et al: Cochrane Review 2014

Buprenorphine or Methadone

- Treatment setting (OTP vs office based)
- Cravings control
- Comorbid Pain
- Follow Up Needs
- Personal Preference

Buprenorphine Formulations

- Monoproduct vs Combination Product
- Film vs Tablet
- When to Use Implant or Injection

Sublocade®

Long-acting injectable buprenorphine

- Sublocade treats opioid use disorder in the same way that sublingual buprenorphine does (stabilizes withdrawal and cravings, blocks other opioids)
- Injected under the skin (subcutaneous, like insulin) NOT intramuscularly (like naltrexone or LAI antipsychotic medications)
- Dosed monthly (minimum 26 days between doses)
- Does NOT contain naloxone
- Must stabilize on sublingual buprenorphine for at least 7 days before starting injection
- Dissolved in a biodegradable polymer that forms a solid when in contact with body fluids

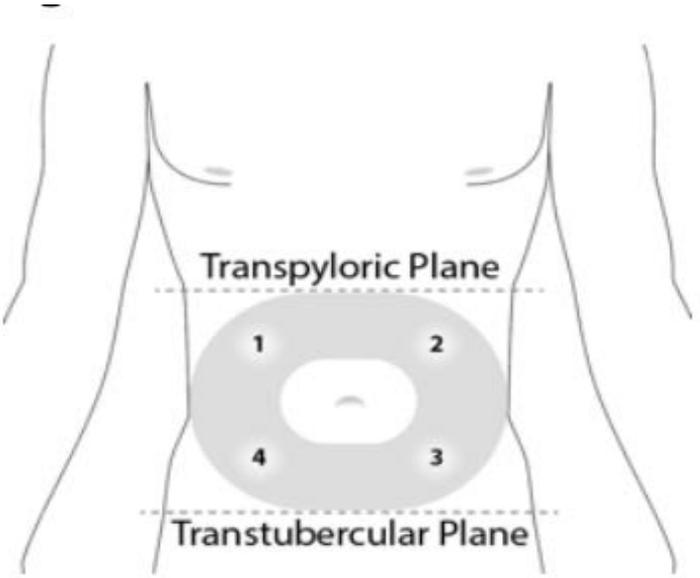
Sublocade®

Why Switch from Sublingual to Injection?

- Poor adherence
 - Forgets to take doses
 - Unable to safely store tablets (homeless, children at home, etc)
 - Burden of taking oral medication several times per day
 - Preference
- Concerns for diversion
 - Positive opioid drug screens
 - Urine buprenorphine & norbuprenorphine levels inconsistent with current dosing
 - Ongoing polysubstance use, but stable OUD
 - Inconsistent refill patterns

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How It Is Administered



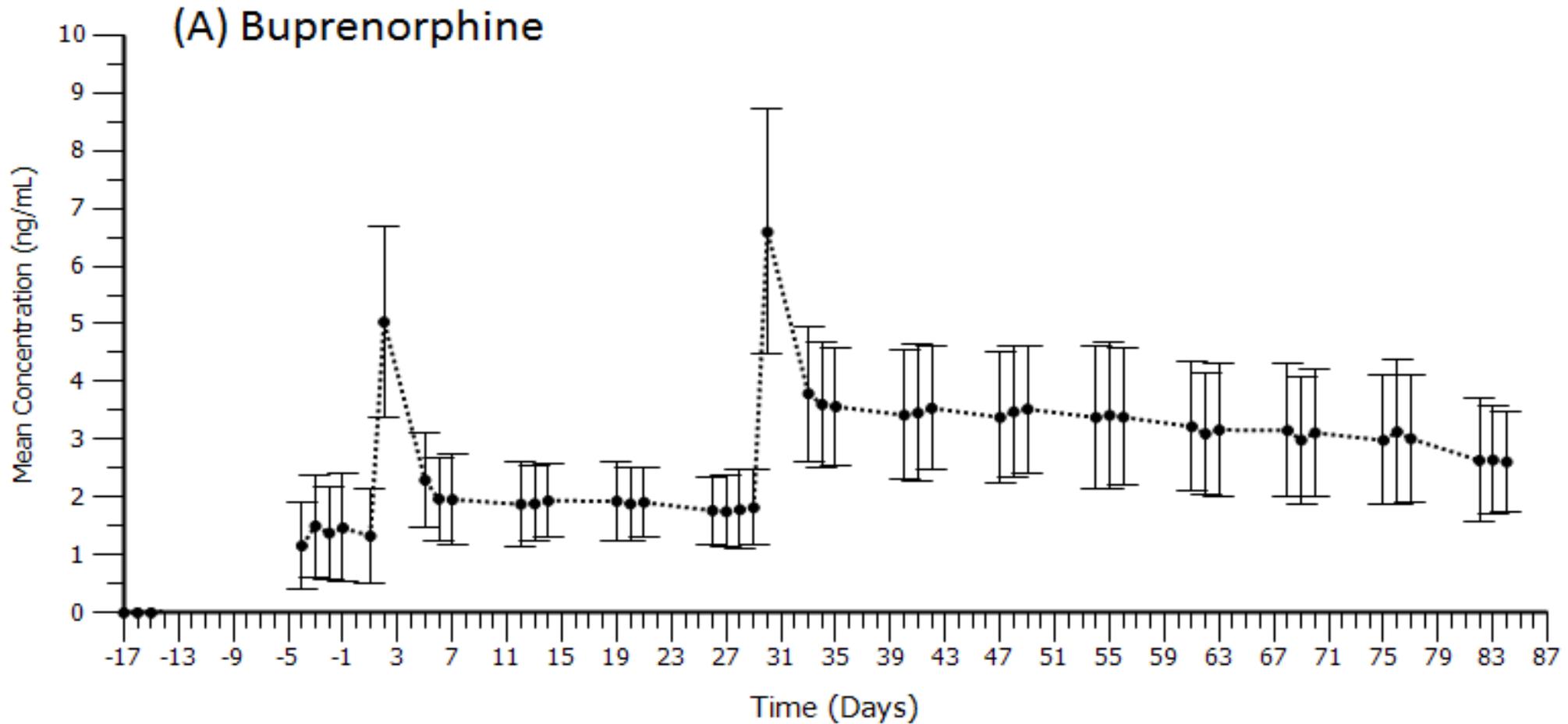
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Dosing

- Must start 7 days after stabilizing on sublingual buprenorphine at 8-24 mg per day
- Start with 300 mg dose for 2 months
- Decrease to 100 mg at month 3
- Should not cause precipitated withdrawal or overdose if stabilized on oral medication prior to starting LAI
- Can give dose as early as 26 days or usually up to 2 weeks late
- Can be surgically removed up to 14 days after injection
- Steady state reached in several months

Sublocade[®]

Pharmacokinetics



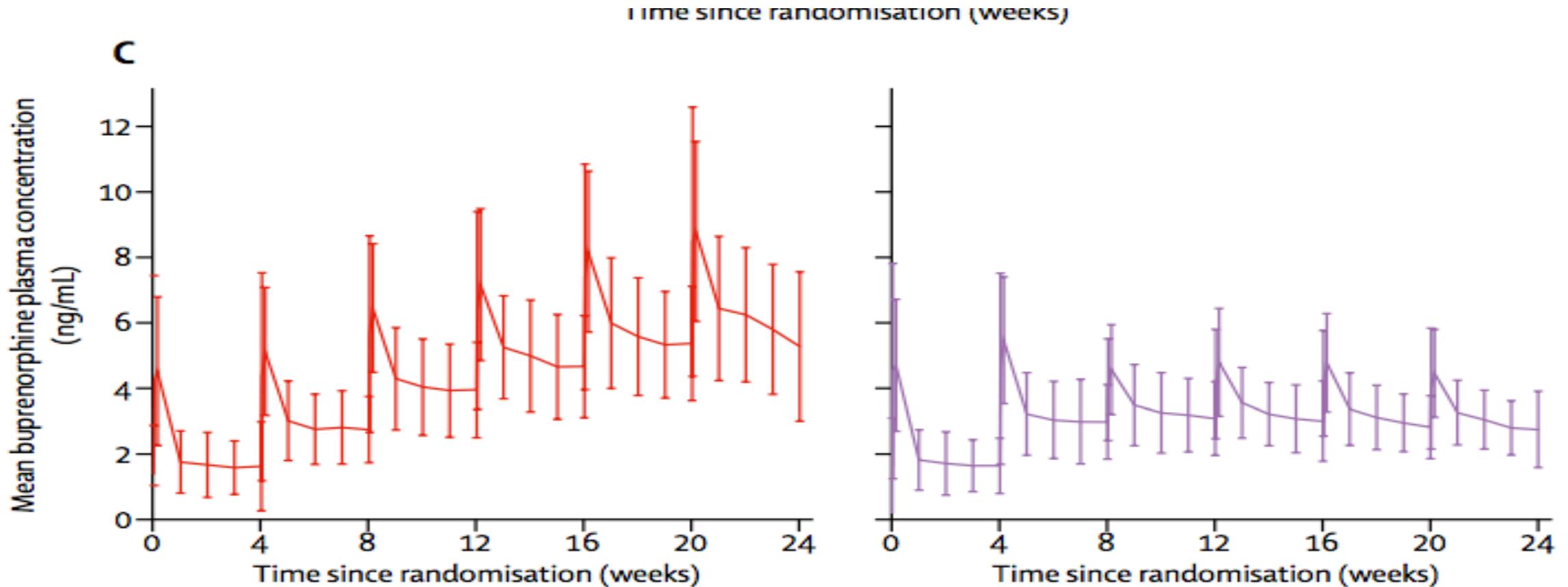
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Pharmacokinetics

PK Parameters	Transmucosal Buprenorphine		Buprenorphine LAI		
	12mg (steady-state)	24mg (steady-state)	300mg (1 st injection)	100mg (steady-state)	300mg (steady-state)
Mean					
C _{avg} (ng/mL)	1.17	2.91	2.19	3.21	6.54
C _{max} (ng/mL)	5.35	8.27	5.37	4.88	10.12
C _{min} (ng/mL)	0.81	1.54	1.42	2.48	5.01

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Blood levels (Red = 300 mg, Purple is 100 mg)



MAT: How Long to Continue?

- Best Answer: For as long as it provides a benefit!
- Most patients return to opioid use after discontinuing MAT
- Indefinite/Prolonged treatment is okay and expected!
- If patient desires or needs to come off treatment:
 - Gradual taper 6 months to a year, could be longer
 - Increase access to psychosocial treatments
 - Don't be afraid to pause the taper or go back onto MAT
 - Recommend transition to naltrexone injection once tapered

Methadone

10/8/20

Brenda Hoyt, PMHNP-BC, Raise the Bottom

Learning Objectives

- What is Methadone?
- Why Methadone?
- Benefits of Methadone therapy.

What is Methadone?

- Methadone is one of 3 FDA – approved medications used in the treatment of opioid use disorder (OUD). It can also be used to treat moderate to severe pain. It has been used for the treatment of OUD for more than 50 years.
- Methadone is a synthetic, long-acting mu-opioid receptor agonist. For treatment of OUD is typically dosed once daily. Dosed more frequently when used for treating pain, analgesic affects between 4 and 8hrs.

Why Methadone for OUD Treatment?

- Has a long half- life, reduces frequency in dosing throughout the day. Typically dosed once daily
- Opioid receptor agonist
- Effective in reducing/suppressing opioid withdrawals and cravings
- Blunts or blocks euphoric effects of self-administered illicit opioid use through occupancy of the opioid receptor and cross-tolerance

Benefits of Methadone Therapy

- Demonstrates through clinical studies and research to be medically safe and effective for long-term treatment when prescribed with strict program conditions and guidelines.
- Reduction or cessation of drug use.
- Reduction in overdose deaths
- Reduction in criminal behaviors.
- Reduction in the spread of communicable diseases (HIV/AIDS, Hepatitis C and Hepatitis B).
- Demonstrated to be safe for use during pregnancy
- Cost effective, average of \$13/day.

Key Points

- Methadone is a safe and effective treatment option for OUD.
- Federally regulated and monitored.
- Treatment benefits the community.

References

- [?] *Medications for opioid use disorder: For healthcare and addiction professionals, policymakers, patients, and families.* (2019). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- [?] *Medication-assisted treatment for opioid addiction in opioid treatment programs.* (n.d.). Rockville, MD: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

ECHO Idaho: Opioid Addiction and Treatment

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Ongoing Resource List

RESOURCES FROM TODAY'S SESSION AND PAST SESSIONS CAN BE FOUND IN OUR ONGOING RESOURCE LIST.

<https://iecho.unm.edu/sites/uidaho/download.hns?i=51>