

CCI

CENTER FOR CARE
INNOVATIONS

Breakout A:

Improving Prescribing of Medications for OUD

**How to select the appropriate medication for
OUD and manage starting and maintaining
these medications**

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Improving Prescribing

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No disclosures



Objectives

1. How to start medications for opioid use disorder
2. How to match patients to the appropriate medication for opioid use disorder
3. How to maintain and continue medications for opioid use disorder



Before We Jump In

- What are your 3 biggest challenges related to prescribing medications for opioid use disorder?
- Write down one challenge per sticky.
- Share at your table and select top 2 to share with large group.



Challenge #1 – How to Start

- How to start buprenorphine?
 - Instruct the patient to stop using opioids, wait until they're in withdrawal, then have them take sublingual buprenorphine and up-titrate until they're no longer in withdrawal.



Challenge #1 – How to Start

- How to start buprenorphine?
 - Usual dose:
 - 2mg/0.5mg or
 - 4mg/1mg q2H
 - Can go up to a recommended max dose of 8mg on day 1 and up to 16mg on day 2, but not every patient needs these doses.



Challenge #1 – How to Start

- Patient handouts and education available



Example of a Handout:

How to Start Buprenorphine/naloxone at Home (Suboxone Induction)

Get into some withdrawal before starting buprenorphine

Heroin, oxycodone (Percocet), hydrocodone (Norco), morphine: don't use for 8-18 hours

Extended Release Oxycodone/morphine (Oxycontin, MS-Contin): don't take any for 24-36 hours

Methadone: don't use for at least 72 hours, be down to 20-30mg (maybe longer, ask your provider)

Waiting longer is better. If you take buprenorphine too soon, you can feel worse. You should feel better once starti

You need at least 3 of the following feelings before taking your first buprenorphine dose*:



Yawning

Enlarged pupils

Joint and bone aches

Shaking or twitches

Watery eyes/Runny Nose

Nausea, vomiting or Diarrhea

Sweating or chills

Restless/Can't sit still

Anxiety, irritable, fast heart beat

Bumpy skin (Gooseflesh)

Lost Appetite, Stomach cramps

Buprenorphine Home Start Instructions (hydrocodone, short-acting oxycodone, heroin, etc)

Prescribe buprenorphine/naloxone 8/2mg tablets or films #14, PRN withdrawal meds are typically not needed but optional

Day One/First Dose: Don't use for 8-18 hours. When you feel bad*, Put 4 mg (1/2 tablet or film) under your tongue and keep it there until it dissolves (about 20 minutes). You should feel better soon. *If you swallow buprenorphine tablets they will not work.*

Second Dose: At 2 hours after your first dose, see how you feel.

If you feel fine, don't take any more. If you still have withdrawal, take another 4 mg dose.

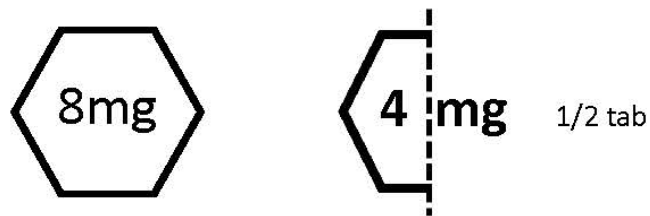
Do not take more than 8 mg (1 tab or film) of buprenorphine on Day One.

Day Two: Take one full tablet or film under the tongue. Wait 2 hours. If you still feel bad, take another 1/2 (daily dose is 12mg). If feeling ok, don't take more (8mg/day).

Two hours later, You may take a second 1/2 if you still feel bad (daily dose is 16mg).

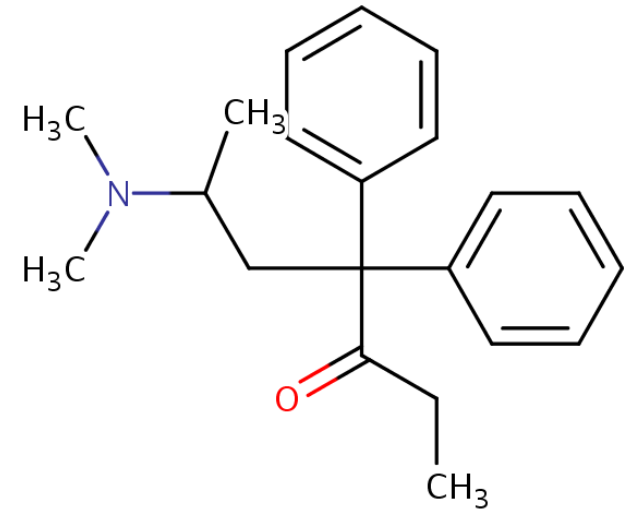
Day Three and until your next visit

Take Dose from Day two: 1 to 2 tab/film(s) under the tongue as a single dose first thing every morning.



What About Methadone?

- If a patient is coming off methadone, they need to wait longer before taking buprenorphine



What About Methadone?

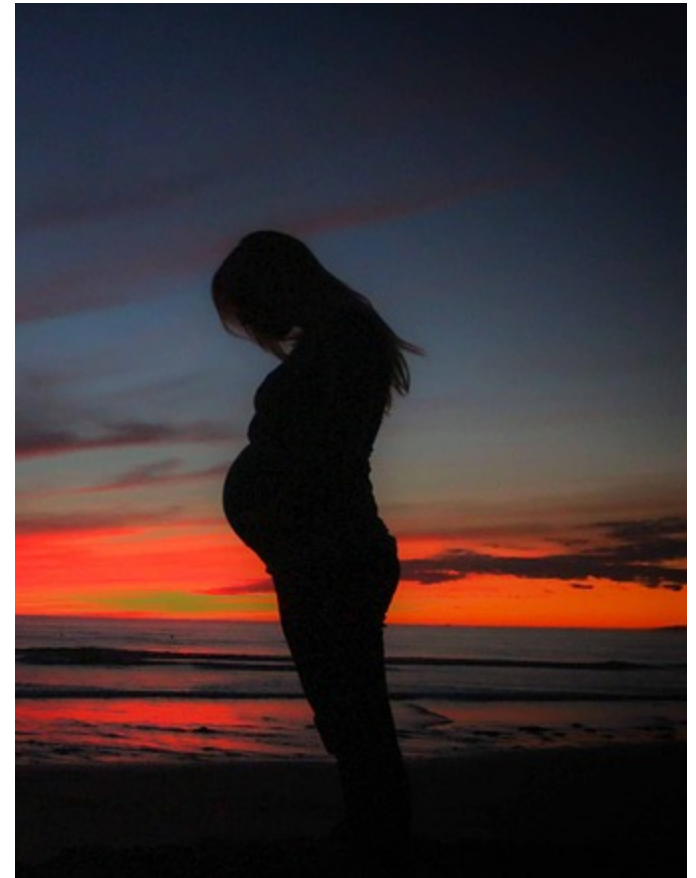
Adjunctive medications

Withdrawal Symptoms	Adjunctive Medications
Anxiety/restlessness	<ul style="list-style-type: none">▪ α_2 Adrenergic agonists (e.g. clonidine)
Insomnia	<ul style="list-style-type: none">▪ Sedating antidepressants (e.g. trazadone)
Musculo-skeletal pain	<ul style="list-style-type: none">▪ Acetaminophen, Ibuprofen
GI Distress (nausea, vomiting, diarrhea)	<ul style="list-style-type: none">▪ Oral hydration▪ Antispasmodics (e.g. dicyclomine)▪ Antiemetics (e.g. ondansetron)▪ Anti-diarrheals (e.g. loperamide)



What About Pregnant Patients?

- Same process, but use buprenorphine (monotherapy) instead of buprenorphine/naloxone
- Caution the patient about pre-term labor from opioid withdrawal



Home Vs. Office Starts



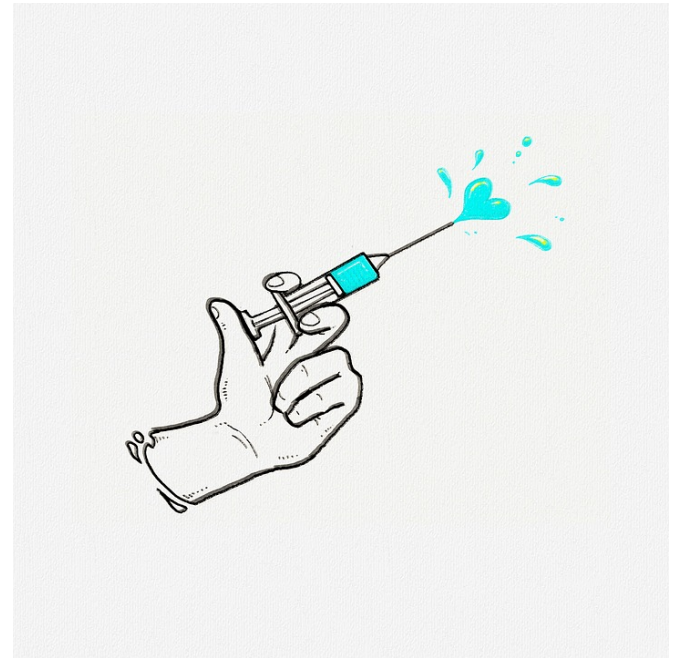
What About Patients In Controlled Settings?

- Start with 2mg/0.5mg daily, then 4mg/1mg daily, then 6mg/2mg daily and up titrate as tolerated



Challenge #1 – How to Start

- How to start naltrexone long acting injection?
 - Window period is biggest factor
 - Doesn't require oral lead-in
 - Doesn't require recent LFTs



Naltrexone Long Acting Injection

- Window period
 - 7 days from heroin and other short acting opioids (i.e. oxycodone / hydrocodone)
 - 10 days from extended release opioids (oxycodone-CR, or morphine sulfate-CR)
 - 14 days from buprenorphine or methadone



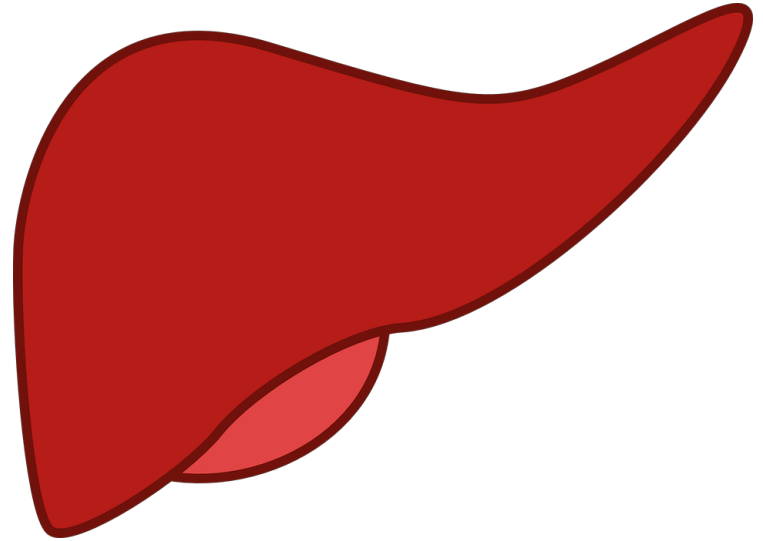
Naltrexone Long Acting Injection

- Window Period - how to be sure?
 - Toxicology information is the usual standard
 - History
 - Collateral
 - CURES
 - *Naloxone challenge administered in the office*

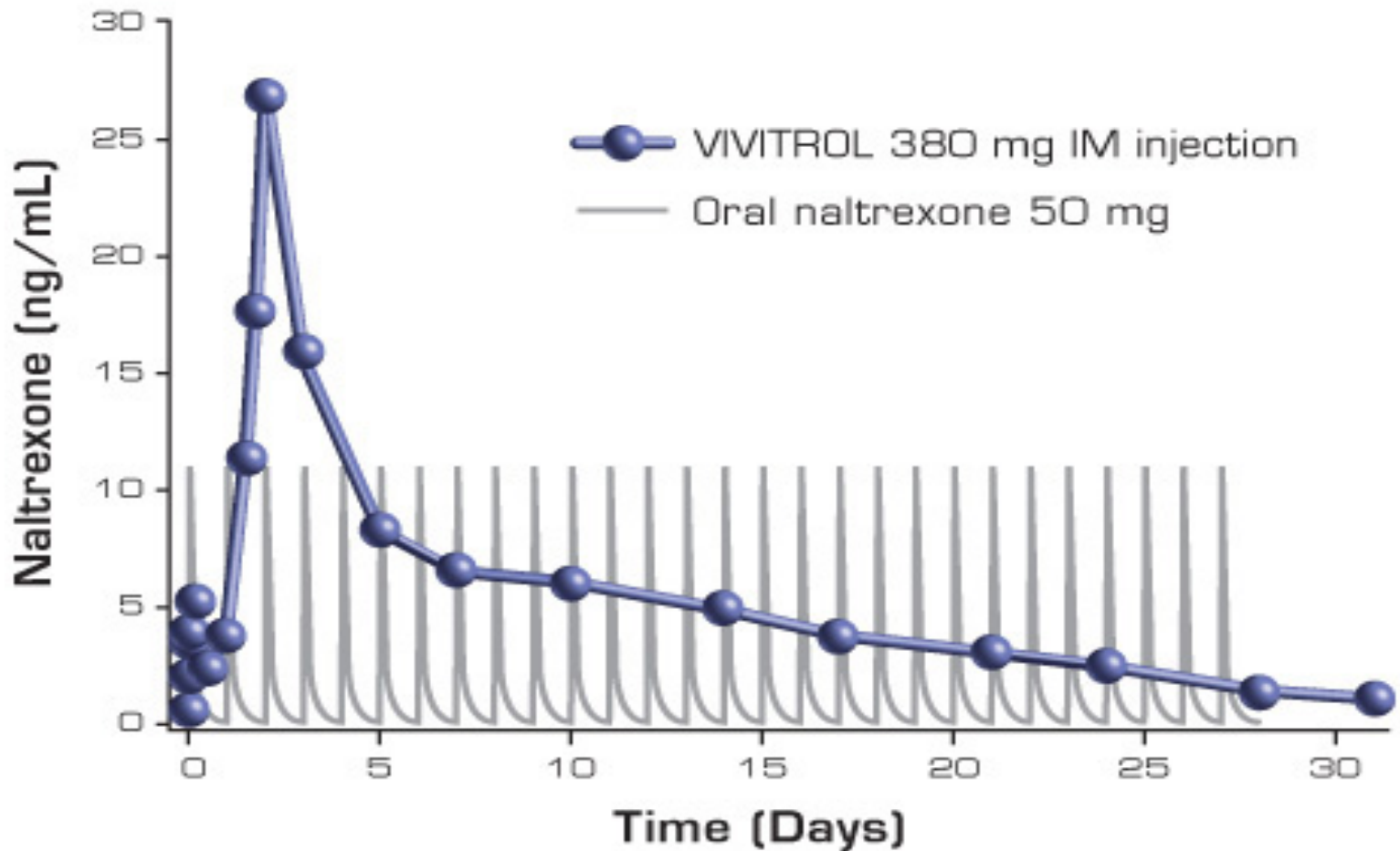


Naltrexone Long Acting Injection

- Monitoring?
 - Liver monitoring only absolutely required if there are signs of liver disease (jaundice, abdominal pain, nausea, vomiting)
 - Generally good practice to obtain quarterly LFTs, but do not withhold naltrexone if liver function testing has not yet been obtained *if patient is without signs or symptoms of active liver disease*

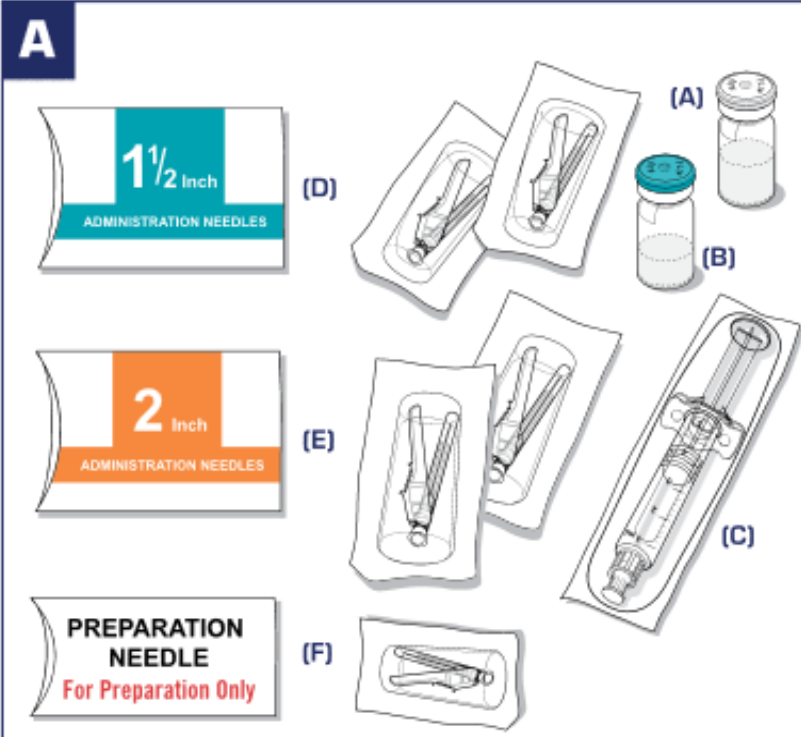


Naltrexone Long Acting Injection



Naltrexone Long Acting Injection

A



The diagram illustrates the components of the VIVITROL kit. On the left, there are three boxes: a box of 1 1/2 inch administration needles (D), a box of 2 inch administration needles (E), and a box of a preparation needle (F). In the center, there are two vials (A and B) and a prepackaged syringe (C). On the right, there is a list of contents.

(D) ADMINISTRATION NEEDLES 1 1/2 inch

(E) ADMINISTRATION NEEDLES 2 inch

(F) PREPARATION NEEDLE For Preparation Only

(A) One - Diluent for the Suspension of VIVITROL Microspheres

(B) One - Vial Containing VIVITROL Microspheres

(C) One - Prepackaged Syringe

(D) Two - TERUMO® 1 1/2 inch 20G Administration Needles with clear Needle Protection Device [one spare]

(E) Two - TERUMO® 2 inch 20G Administration Needles with clear Needle Protection Device [one spare]

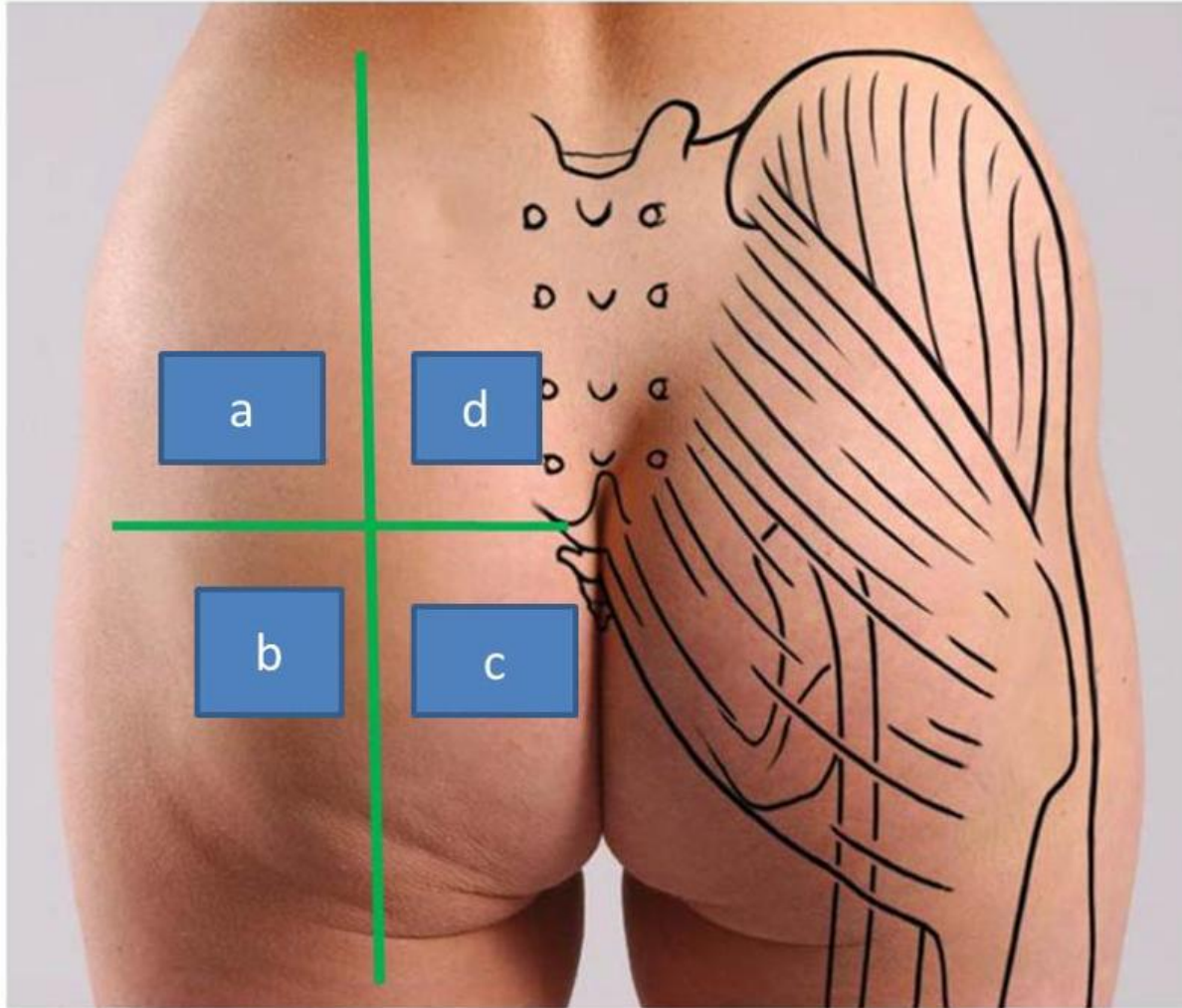
(F) One - TERUMO® 1 inch 20G Preparation Needle [Not for Administration]

VIVITROL® (naltrexone for extended - release injectable suspension) is supplied in single use cartons. Carton Contents:

- One - Package Insert/Directions for Use
- One - Medication Guide

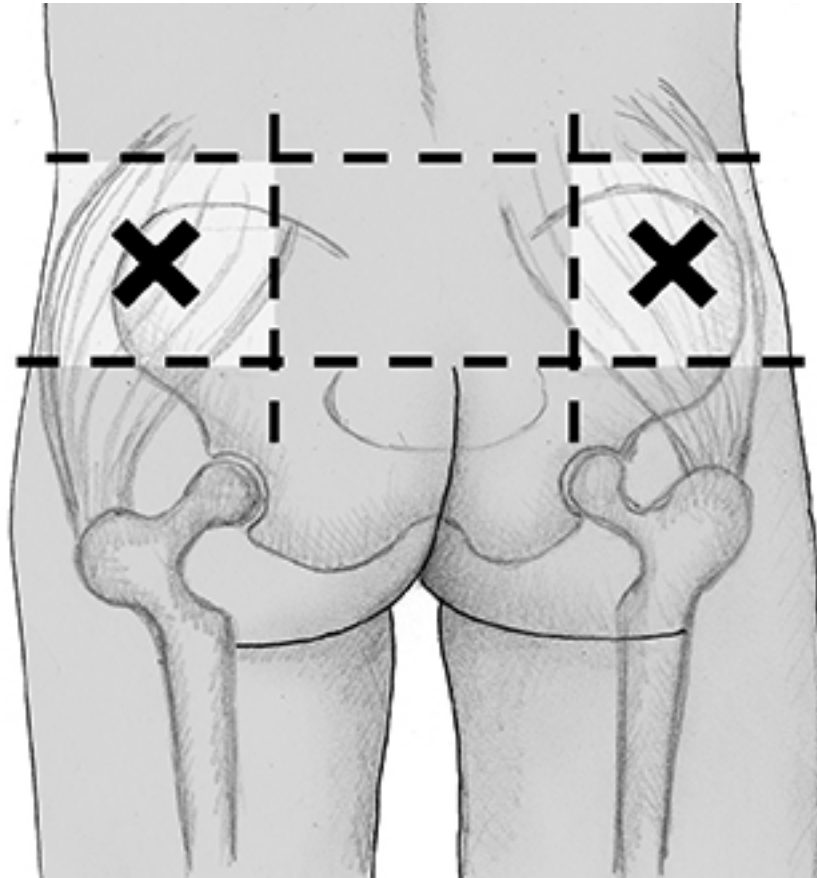
<https://www.youtube.com/watch?v=IZBaDCIWSwg>

Naltrexone Long Acting Injection

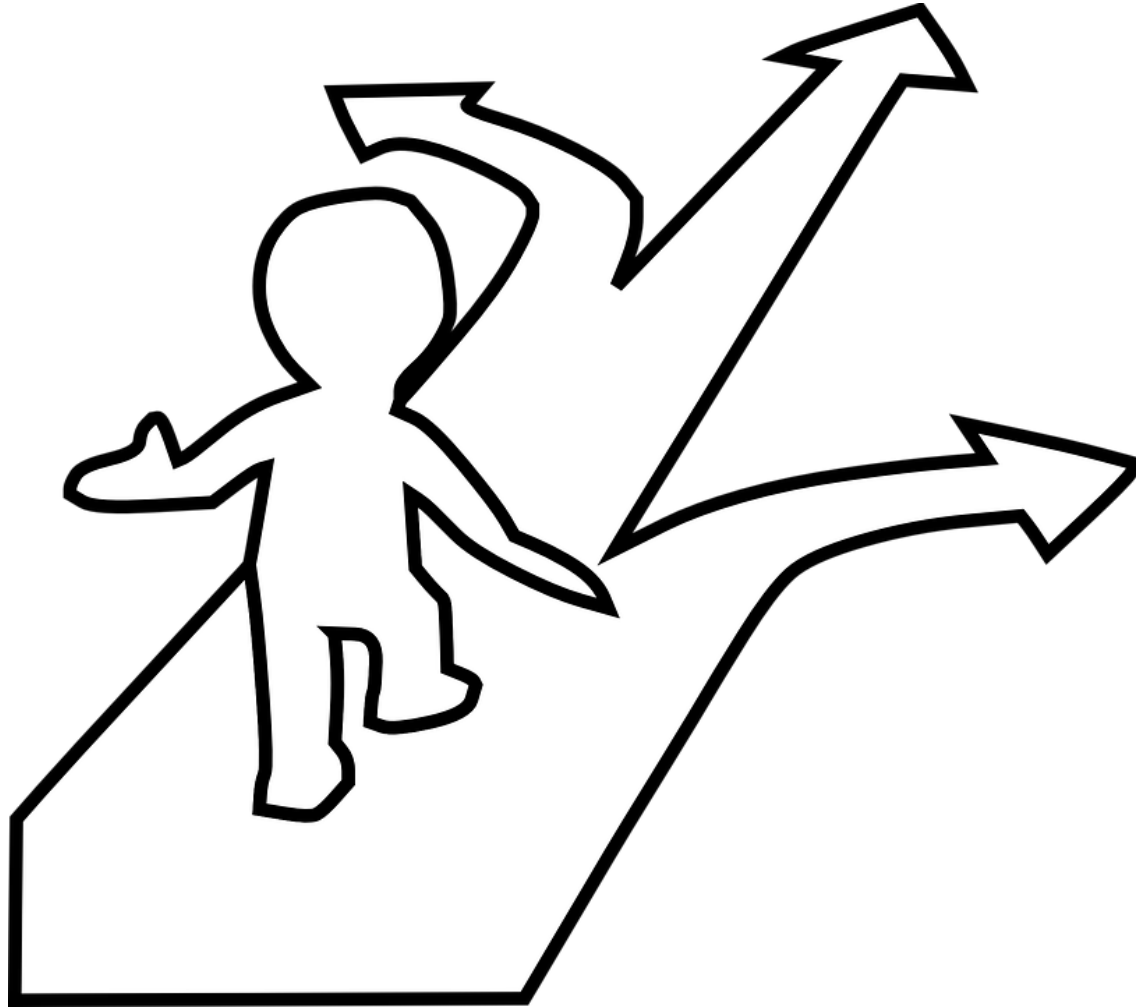


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Naltrexone Long Acting Injection



Which Medication to Select?



Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X:BOT): a multicentre, open-label, randomised controlled trial



Ease of induction is a limitation of naltrexone and an advantage of buprenorphine.

Once successfully inducted to either naltrexone LAI or buprenorphine / naloxone similar outcomes:

- relapse-free survival
- overall relapse
- retention in treatment
- negative urine samples
- days of opioid abstinence
- self-reported cravings

Lee, J. D., Nunes, E. V., Novo, P., Bachrach, K., Bailey, G. L., Bhatt, S., ... & King, J. (2017). Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X: BOT): a multicentre, open-label, randomised controlled trial. *The Lancet*.



How To Guide Patient Medication Selection



Payer Questions

- Medi-Cal covers with no TAR / PA:
 - Buprenorphine/Naloxone tablets (generic)
 - Buprenorphine/Naloxone film (Suboxone®)
 - Buprenorphine/Naloxone tablets (Zubsolv®)
 - Buprenorphine tablets (generic)



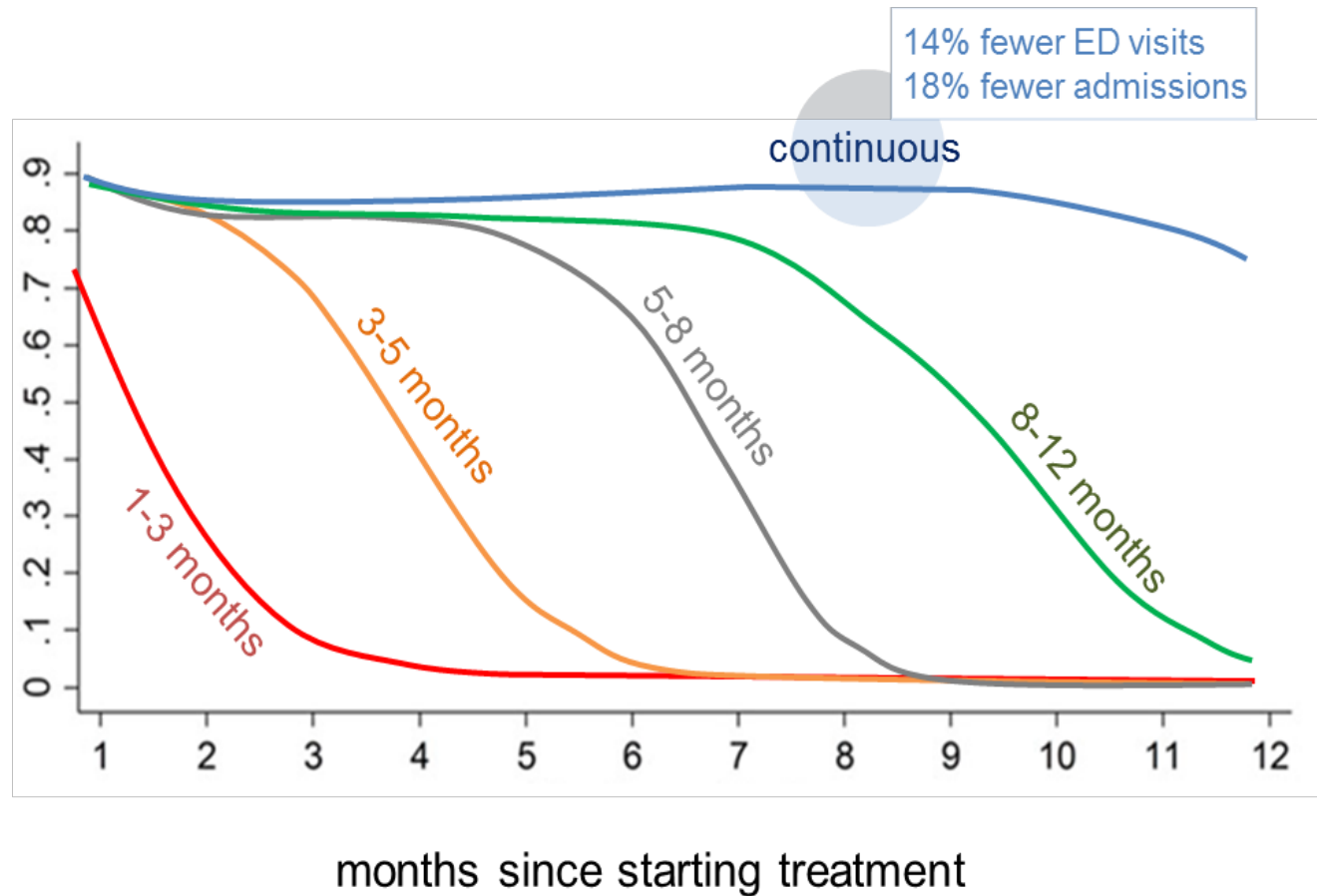
Payer Questions

- Medi-Cal covers with no TAR / PA:
 - Oral Naltrexone (relatively contraindicated in patients with OUD)
- Medi-Cal covers with a TAR / PA:
 - Naltrexone Long Acting Injection (preferred over oral naltrexone in patients with OUD)

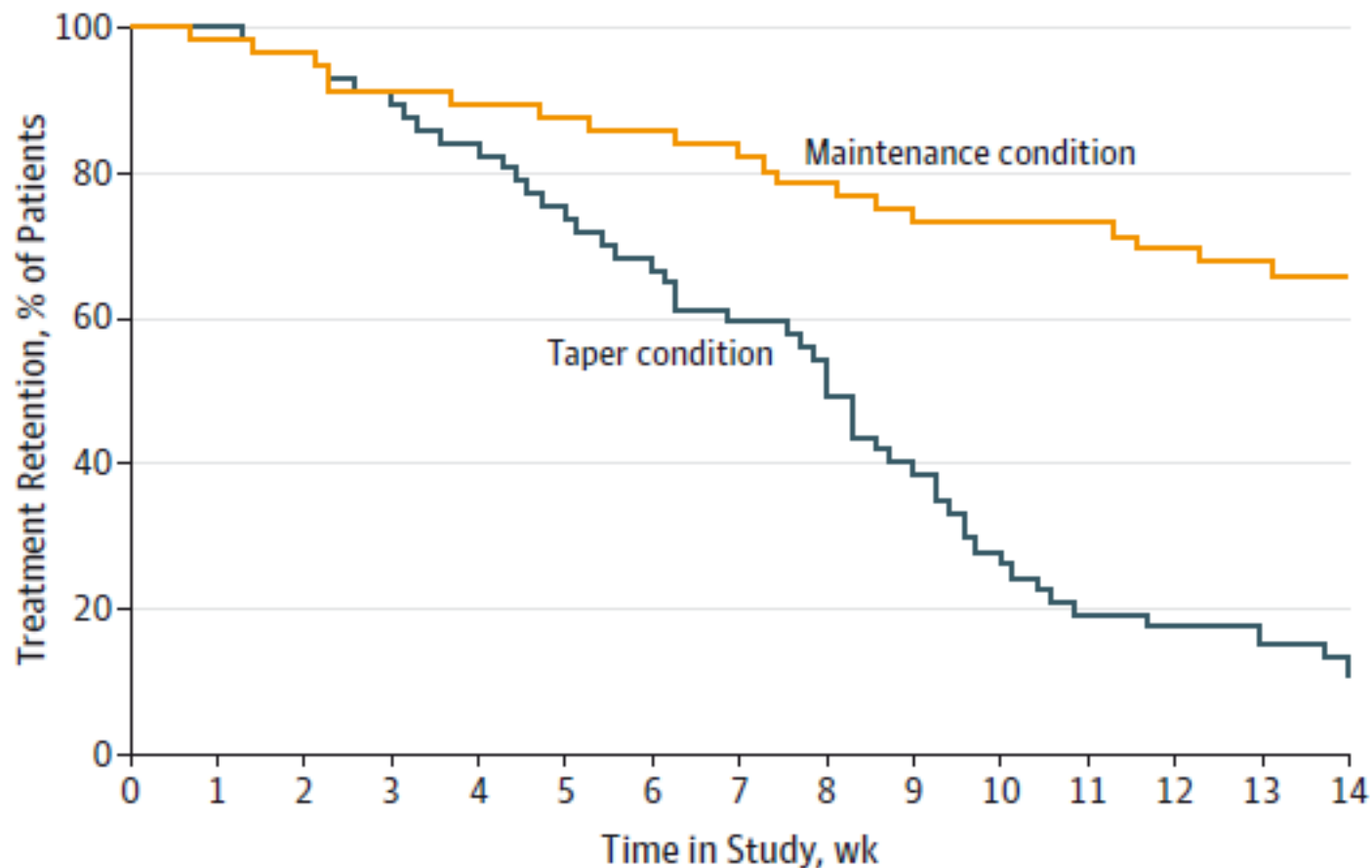


How Long to Continue Treatment?

proportion
of days when
buprenorphine
was taken



How Long to Continue Treatment?



What Else?



Questions / Feedback

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Interested in more?

Come to the:

- ASAM Annual Meeting: <https://www.asam.org>
- CSAM Annual Meeting:
<https://csam-asam.org/page/AnnualConference>
- AAAP Annual Meeting: <https://www.aaap.org>

