

National Treatment Gap: Worse in Rural Areas

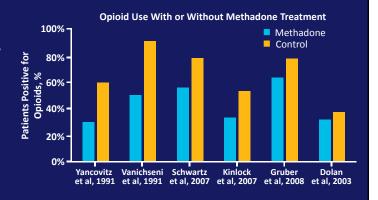


Currently Approved Medications for OUD Treatment

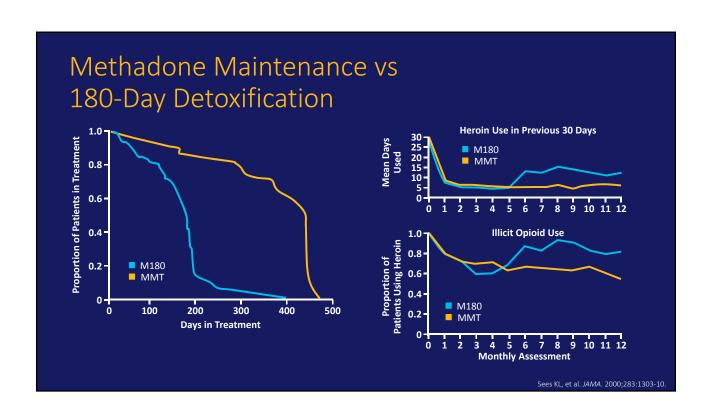
| Agent | Dose | Dosing |
|---|--|---|
| Buprenorphine sublingual film, tablets (generic), implant | Oral: 2 mg, 8-mg film and tablets Implant: 74.2 mg | Initial: 2-4 mg (increase by 2-4 mg) Daily: ≥ 8 mg Implant: 4 implants inserted subdermally every 6 months Maximum: 24 mg daily |
| Buprenorphine + naloxone sublingual tablet | 2 mg buprenorphine with 0.5 mg naloxone, 4 mg/1 mg, 8 mg/2 mg, or 12 mg/3 mg | 16 mg/4 mg daily as maintenance dose |
| Methadone tablets/liquid (generic) | Oral: 5-mg or 10-mg tablets; 10 mg/mL liquid | Initial: 20-30 mg (reassess in 2-4 hours; add ≤ 10 mg as needed) Daily: 60-120 mg |
| Naltrexone XR injection | IM: 380 mg in 4 mL | Every 4 weeks |
| Naltrexone tablets (generic) | Oral: 50 mg | Daily: 50 mg (may give 2-3 daily doses at once on Monday-Wednesday-Friday); observation needed |
| Naloxone | Nasal spray: 4 mg in 0.1 mL IM/SC: 2 mg in 0.4-mL autoinjector | As needed (emergency use) |
| Buprenorphine ER injection (recently approved; formerly RBP-6000) | Once-monthly depot SC injection, 300 mg/1.5 mL or 100 mg/0.5 mL | Two monthly initial doses of 300 mg followed by 100 mg monthly maintenance doses |

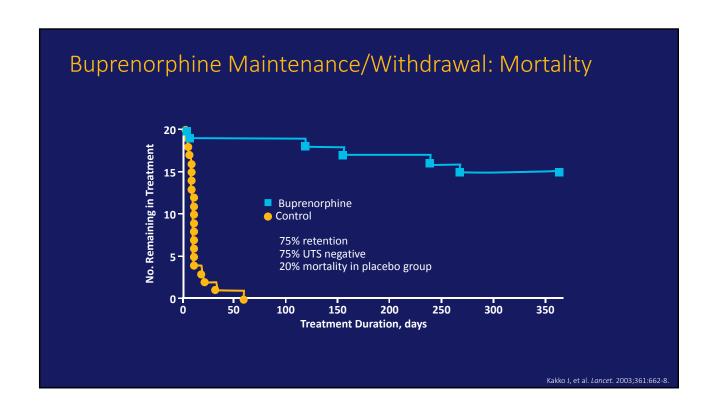
Methadone

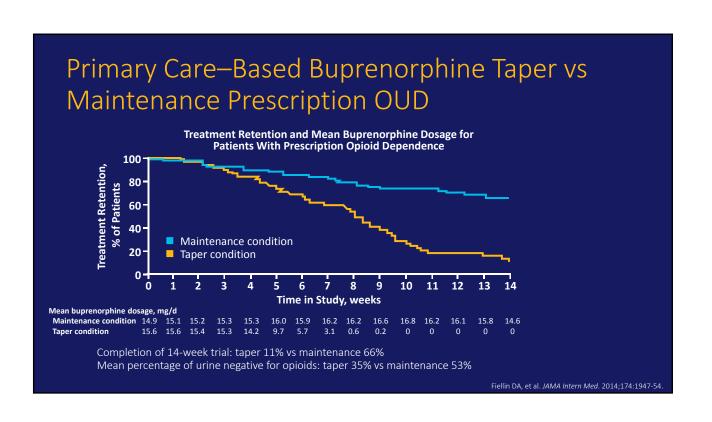
- μ-opioid receptor agonist
- Side effects include lightheadedness, dizziness, sedation, nausea, vomiting, and sweating
- Risk of addiction, respiratory depression, fatal overdose, QTinterval prolongation, arrhythmia, and NOWS
- Drug interactions with benzodiazepines or CYP3A4,
 -2B6, -2C19, -2C9, and -2D6 inhibitors



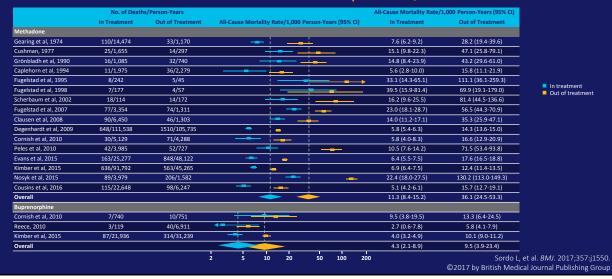
Adapted from Yancovitz SR, et al. Am J Public Health. 1991;81:1185-91; Vanichseni S, et al. Int J Addict. 1991;26:1313-20; Schwartz RP, et al. Drug Alcohol Depend. 2007;91:220-7; Gruber VA, et al. Drug Alcohol Depend. 2007;91:220-7; Gruber VA, et al. Drug Alcohol Depend. 2008;94:199-206; Dolan KA, et al. Drug Alcohol Depend. 2003;72:59-65; Methadone Prescribing Information.



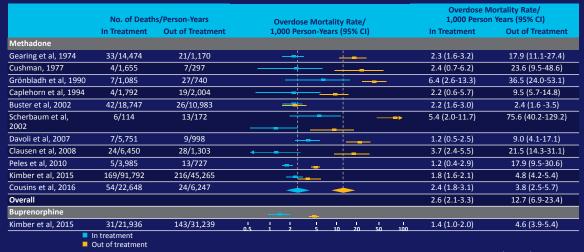




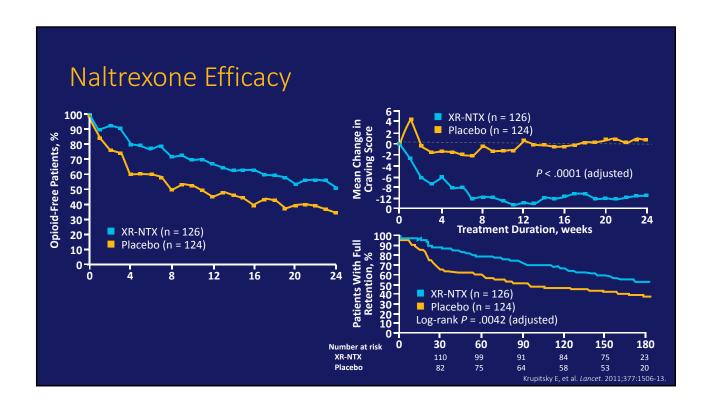
All-Cause Mortality Rates In and Out of Opioid Substitution Treatment With Methadone or Buprenorphine and Overall Pooled All-Cause Mortality Rates, 1974-2016



Overdose Mortality Rates In and Out of Opioid Substitution Treatment With Methadone or Buprenorphine and Overall Pooled Overdose Mortality Rates, 1974-2016



Sordo L, et al. *BMJ*. 2017;357:j1550. ©2017 by British Medical Journal Publishing Group



Naloxone

- Formulations:
 - Injection/autoinjector
 - Risk of recurrent respiratory and CNS depression, limited efficacy with partial agonists or mixed agonists/antagonists, precipitation of severe opioid withdrawal, and cardiovascular effects
 - Adverse events include dizziness and injection-site erythema
 - Nasal spray
 - Risk of recurrent respiratory and CNS depression, limited efficacy with partial agonists or mixed agonists/antagonists, precipitation of severe opioid withdrawal, and cardiovascular effects
 - Adverse events include increased blood pressure, musculoskeletal pain, headache, nasal dryness, nasal edema, nasal congestion, and nasal inflammation
- No evidence that naloxone availability is associated with increased drug use
- 2 prospective studies found reductions in drug use among trained overdose responders

Seal KH, et al. J Urban Health. 2005;82:303-11; Wagner KD, et al. Int J Drug Policy. 2010;21:186-93; Doe-Simkins M, et al. BMC Public Health. 2014;14:297.

Buprenorphine Extended Release Injection

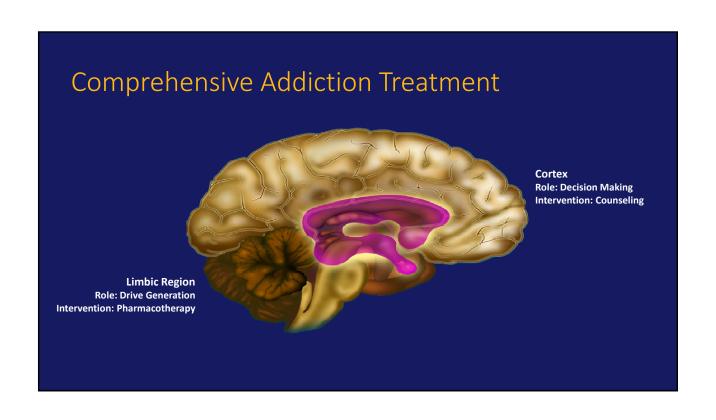
- Formerly RBP-6000
- Phase 3 results: abstinence rates significantly higher vs placebo
- Most frequent AEs: headache, constipation, nausea, injection-site pruritus, vomiting, insomnia, and upper respiratory tract infection
- Approved by the FDA on November 30, 2017
- Once-monthly injectable formulation

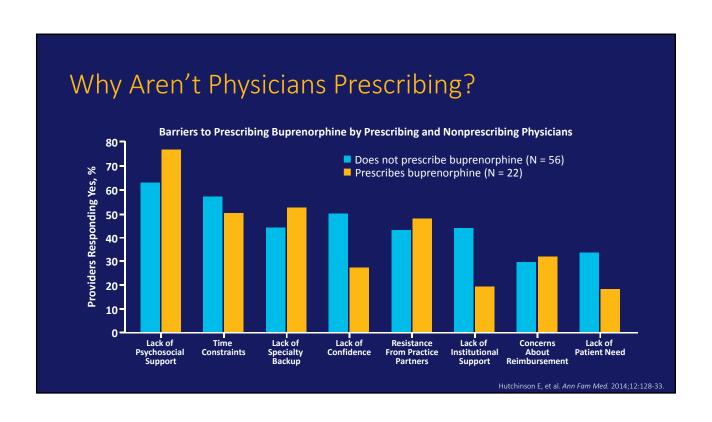
Learned S, et al. Presented at: College on Problems of Drug Dependence Annual Meeting; June 17-22, 2017; Montreal

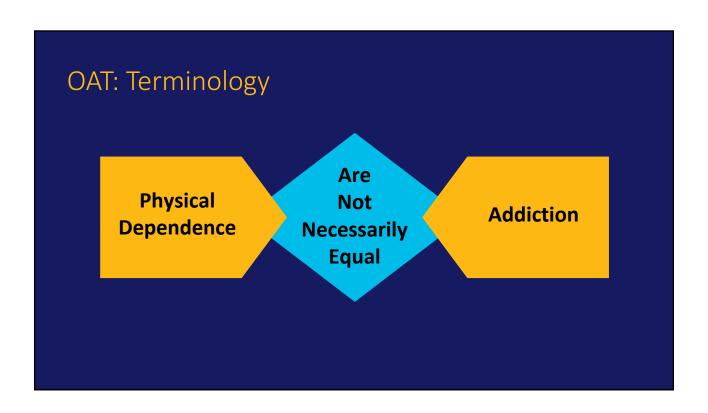
MAT in Pregnant/Breastfeeding Women

- OAT is the gold standard of treatment in pregnancy
 - Buprenorphine has a better NAS profile
- OAT is recommended by the American College of Obstetricians and Gynecologists
- Not enough data on naltrexone
- Relapse rates in pregnant women taken off OAT are high
- NAS is treatable
- Breastfeeding and mother/neonate rooming-in encouraged

ACOG Committee on Health Care for Underserved Women. Obstet Gynecol. 2012;119:1070-76; Pritham UA, et al. J Obstet Gynecol Neonatal Nurs. 2012;41:180-90; Welle-Strand GK, et al. Acta Paediatr. 2013;102:1060-6; Wachman EM, et al. JAMA. 2013;309:1821-7; Abdel-Latif ME, et al. Pediatrics. 2006;117:e1163-9.







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Contact Information

Call (toll-free) 866 858 7434 Email info@med-iq.com

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Abbreviations/Acronyms

ACA = Affordable Care Act

CMS = Centers for Medicare & Medicaid Services

CNS = central nervous system

FDA = Food and Drug Administration

IM = intramuscular

MAT = medication-assisted therapy

MD = medical doctor

MMT = methadone maintenance

NAS = Neonatal Abstinence Syndrome

NCM = Nurse Care Manager

NOWS = neonatal opioid withdrawal syndrome

NTX = naltrexone

OAT = opioid abuse treatment

OBOT = office-based opioid treatment

OBOT-B = office-based opioid treatment with buprenorphine

OTP = Opioid Treatment Program

OUD = opioid use disorder

SC = subcutaneous

US = United States

UTS = urine toxicology screen

XR = extended-release