



## Medications Used to Treat Opioid Use Disorder (OUD): An Overview West Virginia Drug Intervention Institute, Inc. University of Charleston

### SUBOXONE

**Brand names:** Bunavail, Suboxone, Zubsolv

**Purpose:** This medication is used to treat opioid addiction. It is not to be used for pain relief or an as needed basis.

Suboxone is a combination drug containing the following:

- **Buprenorphine-** Partial opioid agonist that delivers very small opioid doses to a patient who is addicted to stronger amounts of opioids. This prevents withdrawal symptoms and helps to wean the patient off of opioid addiction. (An agonist activates the receptors in your brain that result in addiction, this medication blocks those receptors from craving opioids like heroin.)
- **Naloxone-** Pure opioid antagonist that shuts down the opioid receptor, blocking agonists from reaching the receptor and reversing the effect of the opioid by blocking the signals that receptors send to the nervous system.

Naloxone alone will result in multiple withdrawal symptoms. Therefore, buprenorphine is combined with naloxone to help wean the patient off of the stronger opioid (such as heroin).

It is possible to overdose on suboxone if you take higher doses than prescribed. Symptoms of an overdose include, but are not limited to anxiety, nausea, slow heartbeat, extreme fatigue and stomach pain. Overdose is especially likely if small children accidentally ingest this prescription. Proper storage is key!

Buprenorphine has a “ceiling effect,” which means that once the dose reaches a certain amount, the effect of the drug will plateau and not lead to a larger high. For reference, drugs and medications that don’t have a ceiling are a lot easier to abuse and become addictive.



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Prepared by, UC School of Pharmacy, PharmD Candidate, Sami Elsayed, Class of 2020

## **Tablets vs. Strips:**

Both suboxone pills and strips contain the same drug and are equally effective however, strips take less time to work because they are dissolved faster into your system.

Dosing is patient dependent. In addition, the length of the prescription is different for each patient. Some patients can be weaned off suboxone while others may be prescribed the drug long-term. This is a decision for the patient and provider to make together.

## **NALTREXONE**

***Brand name:*** Vivitrol

***Purpose:*** Naltrexone is opioid antagonist. It acts as a competitive antagonist at opioid receptor sites which in turn, prevents opioid effects (thus decreasing the desire for the addictive drug). In other words, it blocks the craving for the opioid (such as heroin).

Naltrexone is a part of a complete program for OUD which can include counseling, behavioral contracts and lifestyle changes.

Naltrexone **will cause withdrawal symptoms if given to patients with who are physically dependent on narcotics.** Therefore, it is recommended that Naltrexone is prescribed **after** a patient has gone through initial withdraw (7-14 days).

Naltrexone is available in two dosage forms:

1. Intramuscular (via injection): Brand name only (Vivitrol) 380 mg Once every 4 weeks.
2. Oral tablet: 50 mg (Prescribers typically initiate patients on 25mg; if no withdrawal symptoms occur, increase to 50mg.)



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## **Medically Assisted Treatment or Medically Assisted Therapy?**

Some words in the health care settings may be used interchangeably such as “treatment” and “therapy.” The term “medically assisted treatment” (or MAT) actually refers to the use of the medication in addition to an extensive counseling plan. Best practices for MAT include a comprehensive and individualized treatment plan for each patient. For example, for a patient diagnosed with OUD, MAT would include an FDA-approved buprenorphine product as well as a monthly behavioral therapy session conducted by a psychiatrist along with participation in narcotics anonymous (NA) meetings weekly or bi-weekly.

MAT programs are designed to improve the patient’s quality of life, decrease the use of illicit opioid use, and increase a patient’s ability to have a self-directed life again. And, the main goal of a treatment plan is to assist the patient in maintaining long-term recovery.

Each of the individual medications prescribed to a patient are considered “medically assisted therapy.” The physician will write a prescription for the medication and a pharmacist dispenses the medication appropriately.

Health care providers treat patients with the most effective medication that will help them overcome their OUD/SUD. However, in medication assisted therapy situations, it is at the patient’s discretion to take their medication as directed (as is true with any medication regime for any disease states). For this reason, best practice for MAT programs include strict therapy regimes, urine screens, regular physician visits, and medication adherence monitoring.