Overdose Reversal

Naloxone, the antidote for opioid overdose, was reclassified as an over-the-counter medication to make it widely accessible to people at risk of overdosing from opioids. A prescription for naloxone will no longer be needed for the purchase of this medication.

For more information on obtaining and administering naloxone, please visit: http://www.geinafoloxonenow.org/

Medications: naloxone (Narcan®, Evzio®), patients restart illicit opioid use.

Administration: injection, auto injection, intramuscular, or intranasal spray

Mechanism: Reverses opioid overdose by removing opioids from receptor. Only effective at reversing overdose for 20-90 minutes. Patients should receive medical attention after naloxone is administered, in case an additional dose of naloxone is needed.

Frequently Asked Questions

How do I know if my patient needs MOUD?

All patients with an Opioid Use Disorder (OUD) are candidates for MOUD. The addition of pharmacotherapy to behavioral therapies provides a more complete patient care plan to address the complex needs of people struggling with OUD. Please refer to the Arizona Opioid Assistance phone line at 1-888-688-4222 for more information.

MOUD is not a substitute for medications that will make you feel good. Not every patient can be prescribed MOUD or is appropriate for MOUD treatment. It is the standard of care for helping those struggling with an opioid addiction stay alive and improve their lives.

I work with pregnant women. What medications, if any, work with pregnant women who are suffering from opioid use disorder?

Arizona Medicaid Assistance

Patients at Risk for Overdose:

• Individuals who inject opioids
• Individuals with reduced tolerance who have:
  · Completed opioid detoxification or have been abstinent for a period of time
  · 20-90 minutes

Medications:

RiVive® (naloxone) (Narcan®, Evzio®, Phoenix VA Health Care System, Phoenix VA Health Care System)

A Pocket Guide

Medications for Opioid Use Disorder

Created in partnership with AHCCCS and the ASU Medical Advisory Board

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The Evidence

Research on medications for opioid use disorder shows:

• Half of patients participating in treatment for a substance use disorder (SUD), with behavioral therapies alone, will be lost to attrition.
• Patients who participate in abstinence-based behavioral treatment programs that do not use medication have an increased rate of overdose death due to loss of tolerance when patients relapse.
• Treatment, which combines medication with behavioral therapies, has been shown to be more effective than treatment with behavioral therapies alone.
• MOUD can be an effective treatment on its own when access to behavioral health intervention is limited.
• MOUD has been found to improve treatment retention, reduce illicit opioid use, decrease cravings, and improve overall functioning.
• MOUD has demonstrated significant reductions in mortality and premature death.
• MOUD has been linked to reduced healthcare costs, fewer ER visits, and shorter inpatient stays.

Pharmacology

Medications for Opioid Use Disorder (MOUD) is an evidence-based approach that is often combined with counseling, therapy, and psychosocial support to provide comprehensive care for individuals seeking recovery from opioid addiction. A related term is Medication Assisted Treatment or MAT, which refers to a combination of MOUD, counseling and behavioral therapies.
Opioid Withdrawal Symptoms
If your patient experiences withdrawal symptoms when they attempt to stop their opioid use, they may be a good candidate for MOUD. Opioid withdrawal symptoms include:

- Anxiety
- Dilated pupils
- Watery eyes
- Diarrhea
- Vomiting
- Sweating
- Cramping/abdominal pain
- Rapid heart rate
- Excessive yawning
- Nausea
- Restlessness
- Insomnia
- Tremors
- "Goose bumps"

A Message from SAMHSA
As overdose deaths involving opioids, particularly illicitly manufactured fentanyl, continue to remain extremely high across the country, we are pleased that the opportunity to treat people with safe and effective medications for opioid use disorder (OUD), such as buprenorphine, has increased with the passage of Section 1262 of the Consolidated Appropriations Act, 2023. This section of the Act removes the requirement that a health care practitioner apply for a separate waiver to dispense certain controlled medications, including buprenorphine. Medication treatment saves lives, and we encourage colleagues in the field to screen for OUD and to initiate or refer for treatment as indicated.

Need to refer your patient for substance use disorder services?
Visit: [https://www.samhsa.gov/medication-assisted-treatment](https://www.samhsa.gov/medication-assisted-treatment)

Need to locate Opioid Treatment Programs (OTPs)?
Visit: [www.samhsa.gov/medication-assisted-treatment](http://www.samhsa.gov/medication-assisted-treatment) (click on “Opioid Treatment Program Directory”)
You can locate psychosocial substance use treatment services in Arizona using the Arizona Substance Abuse Treatment Provider Locator: [http://substanceabuse.az.gov/](http://substanceabuse.az.gov/)

Evidence-based Practices used in Treatment for Substance Use Disorder

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>Motivation Enhancement/ Motivational Interviewing</th>
<th>Cognitive Behavioral Therapy</th>
<th>Contingency Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Mechanism</td>
<td>Enhance internal motivation through a strong working alliance/ therapeutic alliance and eliciting “change talk” from the patient</td>
<td>Patient changes maladaptive thinking and behaviors through structured exercises and activities</td>
<td>Reinforces desired behaviors through an incentive-based system</td>
</tr>
<tr>
<td>Treatment Frequency and Duration</td>
<td>Can be utilized for brief interventions or longer interactions; useful for initial treatment engagement</td>
<td>Short to long term therapy (approximately 10-20 sessions)</td>
<td>Several months (8-16 weeks), 1-2 times weekly</td>
</tr>
<tr>
<td>Considerations</td>
<td>Patients are encouraged to identify measurable target behavior Some patients may be in a pre-contemplative state and may take time to engage in changing their behavior</td>
<td>Patients may require a high level of cognitive functioning and ability to work independently to participate in this treatment</td>
<td>Should be used to augment other forms of treatment the patient is receiving, not the sole treatment</td>
</tr>
</tbody>
</table>

MOUD Medications

<table>
<thead>
<tr>
<th>Pharmacologic Mechanism</th>
<th>Administration Route</th>
<th>Administration Frequency</th>
<th>Prescriber Requirements</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>methadone (Methadone®, Dolophine®) FDA Approval: 1964</td>
<td>Full Agonist - Activates opioid receptors</td>
<td>Liquid or oral tablet</td>
<td>Full economic/ low cost</td>
<td>Risk for respiratory depression when combined w/opioids, alcohol, benzodiazepines</td>
<td>Less accessible than other forms of MOUD due to in-clinic dosing</td>
</tr>
<tr>
<td>buprenorphine/naloxone (Suboxone®, Sublocade®, Zubsolv®, Briad®) FDA Approval: 2002, 2017, 2022, 2023</td>
<td>Partial Agonist - Acts on and blocks opioid receptors</td>
<td>Suboxone: Sublingual tablet or film Sublocade: Once a month injection Zubsolv: Sublingual tablet Briad: Weekly or monthly injection</td>
<td>Improved safety profile compared to methadone</td>
<td>May provide poor craving control in long-term opioid users due to ceiling effect</td>
<td>May cause precipitated withdrawal on initial dosing especially for patients using fentanyl</td>
</tr>
<tr>
<td>naltrexone (Vivitrol®, Revia®, or Depade®) FDA Approval: 1984</td>
<td>Antagonist - Blocks opioid receptors</td>
<td>Take-home doses permitted; initial weekly visits then monthly</td>
<td>Practitioners who have a current DEA registration, that includes Schedule III authority, may now prescribe buprenorphine in their practice if permitted by applicable state law</td>
<td>Does not cause physical dependence</td>
<td>Does not decrease overdose risk</td>
</tr>
</tbody>
</table>

Effective treatment for OUD includes medication prescribed in conjunction with behavioral therapies. However, medication should not be withheld when patients are unable or unwilling to engage in behavioral treatments.