Information for Your Clinician

1. How ready are you to start medication for opioid use disorder? (0 is not ready at all, 10 is very ready)
0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

2. What is your current medication preference?

3. What are your main reasons to start medication (if applicable)?

4. What hesitations do you have about starting medication (if any)?

5. Which medications have you tried in the past (if any)? (check all that apply)

	[ ] Buprenorphine	[ ] Methadone	[ ] Naltrexone
Form	[ ] tablet [ ] film [ ] shot/injection	[ ] tablet [ ] liquid	[ ] tablet [ ] shot/injection
Dose			
Time on medication			
What worked well?			
What didn't work well?			
Side effects?			

6. When did you last take opioids?

7. What is your average daily opioid use?
Type of opioid:_____Amount per day:_____ [ ] smoking [ ] snorting [ ] injecting [ ] take pills

8. Any other substance use (check all that apply)?
[ ] tobacco/nicotine [ ] alcohol [ ] benzodiazepines (i.e., Xanax®, Klonopin®) [ ] cannabis [ ] cocaine
[ ] methamphetamines [ ] prescription stimulants [ ] hallucinogens [ ] PCP [ ] other

Your Treatment Plan

MEDICATION CHOICE AND INSTRUCTIONS:

_____

You should have a prescription or kit for naloxone (Narcan®) and be trained (with friends and family if possible) on how to reverse an opioid overdose.

YOUR TREATMENT GOALS:

1._____

2._____

3._____

FOLLOW-UP APPOINTMENT:

Date:_____/_____/_____ Time:_____

Location:_____

If you started buprenorphine, confirm that you have enough medication until your next appointment.

ADDITIONAL RESOURCES:

MORE INFO ON MEDICATIONS FOR OPOID USE DISORDER:

FIND SUBSTANCE USE TREATMENT NEAR YOU:

DISCLOSURES:Funding for this initiative was made possible by grant no. 6H79TIO81968 and cooperative agreement no. 1H79TI085588 from Substance Abuse Mental Health Services Administration (SAMHSA). The views expressed in these materials do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the United States Government.

CHOOSE A MEDICATION

MANAGE OPIOID USE TODAY

PCSS Medications for Opioid Use Disorders — Providers Clinical Support System

Opioid Response Network

American Academy of Addiction Psychiatry

Medications for Opioid Use Disorder

- There are three medications to treat opioid use disorder:
  1) buprenorphine, 2) methadone, and and 3)naltrexone
- These medications are **equally safe and effective**
- Just like other chronic illnesses such as high blood pressure or diabetes, **opioid use disorder requires long-term treatment**
- Opioid use disorder can lead to abnormal function of some brain centers that requires medication to treat
- **Medication is critical to your recovery and reduces your risk of relapse and overdose**
- **The majority of patients will relapse without medication and are at risk for overdose and death**
- Buprenorphine or methadone maintenance is NOT "trading one addiction for another" and at treatment doses do not produce a "high"
- **Discuss and choose a medication with your provider that best fits your personal needs, preferences, and treatment goals**

REVIEW YOUR OPTIONS

	HOW IT WORKS	FORM OF MEDICATION	WHERE TO FIND	HOW TO START	TIME TO REACH TREATMENT DOSE	COMMON SIDE EFFECTS	EFFECTS IF YOU USE OPIOIDS	PRECAUTIONS
BUPRENORPHINE	Provides partial opioid effects like having a switch on halfway Although "halfway on", buprenorphine is strong and kicks out other opioids and can cause acute withdrawal if recent opioid use	• Sublingual tablet or film • Weekly or Monthly shot (under the skin) in buttock, thigh, stomach, or upper arm	• Outpatient clinics • Individual providers • Opioid treatment program • Most inpatient clinical settings	Generally start once you have mild to moderate opioid withdrawal symptoms so it is well tolerated	• Within 1 to 3 days (tablet or film) • Goal dose 16-32mg (higher doses for greater level of dependence generally) Ask your doctor about timeline for buprenorphine shots.	Constipation, fatigue, headache sweating, vomiting, sleep difficulty, blurred vision	Reduces euphoric effects of other opioids and offers some protection against overdose with a "ceiling effect" or limit although still potential risk for overdose	**Overdose Risk:** Combining with other opioids or sedatives (benzodiazepines, alcohol, etc). can increase risk for overdose **Discontinuation:** opioid withdrawal occurs and high risk for relapse and overdose
METHADONE	Provides full opioid effects like having a switch on all the way	• Tablet • Liquid	• Federally-regulated clinics • Inpatient addiction programs with affiliated methadone clinic • Inpatient hospital (only for withdrawal typically)	Can start without waiting for withdrawal but maximum dose on Day 1 typically 40mg if new to treatment; must go to the clinic daily for initial doses	• Weeks if new to treatment (dose must be adjusted slowly to avoid overdose) • Goal dose was 80-100mg with heroin use but now higher doses common for fentanyl use	Constipation, fatigue, dizziness, vomiting, sweating	May reduce euphoric effects of other opioids if on adequate dose	**Overdose Risk:** Combining with other opioids and sedatives can increase risk for overdose **Discontinuation:** opioid withdrawal occurs and high risk for relapse and overdose **Prolonged QT/arrhythmia risk:** dose-dependent side effect where heart's electrical system takes longer to recharge between beats
NALTREXONE	Blocker (switch is off) that blocks opioid effects	• Monthly shot in the buttock muscle	• Outpatient clinics • Individual providers • Opioid treatment program • Inpatient addiction programs	Must be off opioids for some time before starting to avoid going into withdrawal	• Varies; people must be off opioids for some time before receiving the shot	Nausea, vomiting, injection site reactions, muscle cramps, dizziness or syncope, sleep difficulty, low mood, fatigue, decreased appetite	Naltrexone blocks effects of opioids; attempts to override the blockade near end of dosing increase risk of overdose	**Overdose Risk:** After missed dose or discontinuation of Vivitrol®, opioid tolerance is reduced from pre-treatment baseline and overdose risk is high **Emergency Pain Treatment:** Anesthesia providers can tailor pain management accordingly; carry "wallet card" or way to share Vivitrol® treatment status