Opioid Updates

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WA ACP Annual Meeting

November 8, 2024

Outline

- Some context
- Inpatient setting
- Outpatient setting
- Regulatory changes

No financial disclosures

Will discuss off-label use of medications

A little context...

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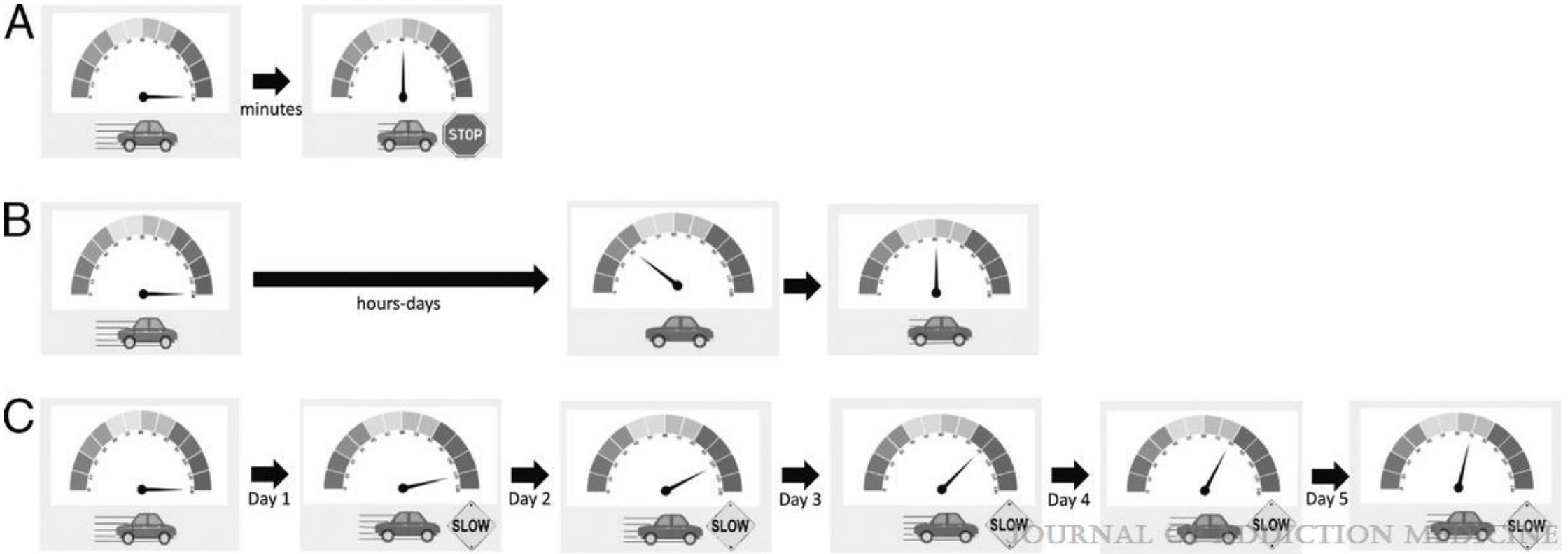
Inpatient Treatment of Opioid Use Disorder

Case

- You are admitting a patient for lower extremity cellulitis
- They use fentanyl via inhalation multiple times per day
- Despite oxycodone 15 mg every 4 hours they continue to have objective signs of opioid withdrawal (diaphoresis, rhinorrhea, restlessness) and significant pain

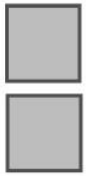
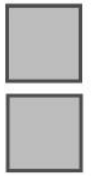
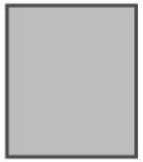
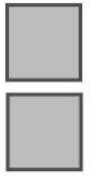
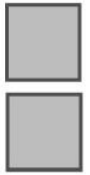
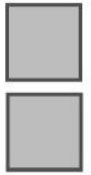
- How might you manage their withdrawal symptoms?

Overlapping Buprenorphine Start



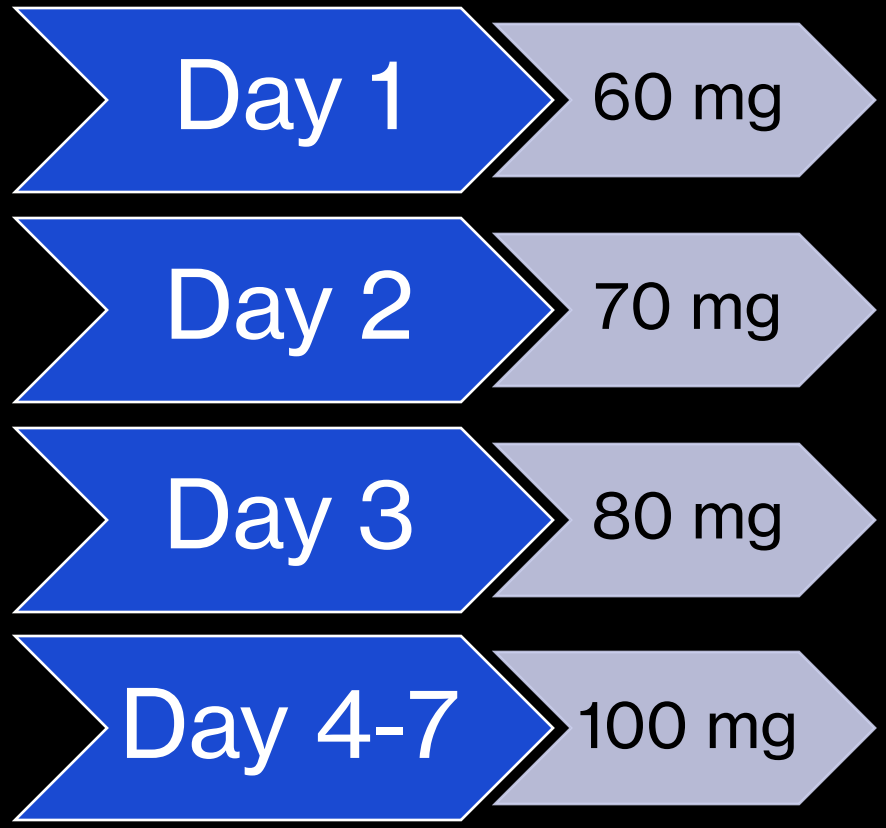
JOURNAL OF ADDICTION MEDICINE

Sample protocol

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Buprenorphine dose	0.5mg daily	0.5mg BID	1mg BID	2mg BID	4mg BID	4mg TID	8mg BID
Film size	2mg	2mg	2mg	2mg	2mg	2mg	8mg
Morning dose							
Afternoon Dose							
Night dose							
Full agonist	Continue	Continue	Continue	Continue	Continue	Continue	STOP

BID=twice per day
TID=Three times per day

Rapid Methadone Titration



Continue MOUD Throughout Hospitalization

Hospitalization is very disruptive to medications for opioid use disorder

- Observational study of 830 Veterans treated with buprenorphine who were hospitalized between 2018 and 2020
- Fewer than half of patients (43.9%) received buprenorphine at some point during hospitalization
- Patients treated with full opioid agonists were significantly less likely to receive buprenorphine (18.3% vs 46.0%, $p<0.001$)
- Over a quarter of patients (25.7%) did not receive a prescription for buprenorphine within 60 days of hospital discharge

J GEN INTERN MED. 2024 FEB;39(2):207-213

The experts recommend AGAINST interrupting treatment

"SHM recommends that hospitalists continue buprenorphine or methadone during hospitalization, including in the setting of acute pain and the perioperative period"

"Discontinuation of methadone or buprenorphine is not recommended during acute pain or in the perioperative setting and will result in an opioid
debt which may worsen acute pain, making treatment more difficult, and may increase risk of return to opioid use and opioid overdose."

J HOSP MED. 2022 SEP;17(9):744-756

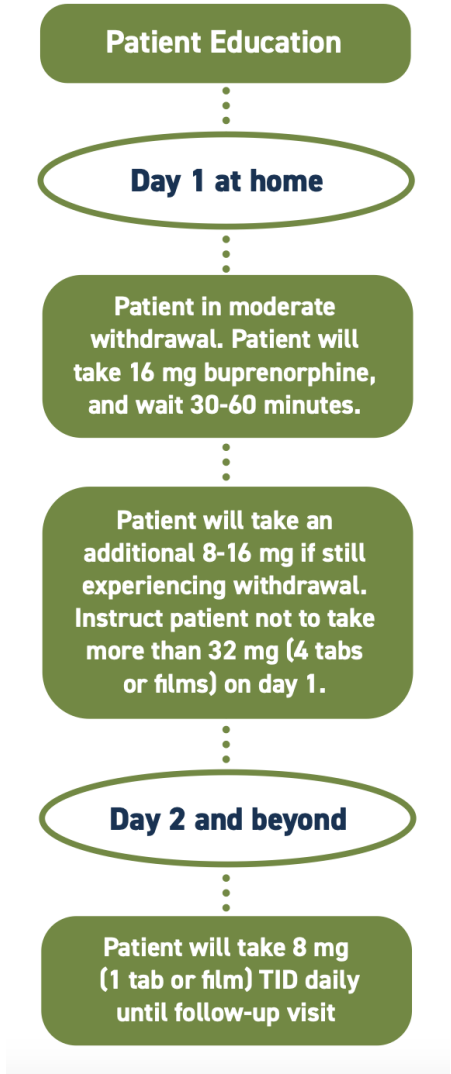
Outpatient Treatment of Opioid Use Disorder

Case

- You are seeing a patient in clinic for depression
- They smoke fentanyl multiple times per day
- Have tried to stop using before but cannot tolerate the withdrawal symptoms that develop.

- How might you recommend they start buprenorphine?

Withdrawal buprenorphine start



Long-acting Injectable Buprenorphine

- Minimal run-in (4-7 days) with sublingual buprenorphine is needed
- Most patients (52%) need supplemental sublingual buprenorphine
- Many patients (47.4%) need higher doses for longer duration

DRUG ALCOHOL DEPEND. 2024 JAN 1;254:111032

Table 2. Summary of Primary Outcomes by Subgroups of COWS Scores and Presence of Fentanyl

COWS score[a]	Patients enrolled, No.	Patients, No. (%) [95% CI][b]			
		≥5-Point increase in COWS score within 4 h of extended-release buprenorphine	Transition to moderate or greater withdrawal within 4 h of extended-release buprenorphine[c]	Precipitated withdrawal within 1 h of extended-release buprenorphine	Precipitated withdrawal within 4 h of extended-release buprenorphine[d]
At baseline[e]					
4 to 7	63	4 (6.3) [1.7-15.5]	2 (3.2) [0.4-11.0]	1 (1.6) [0-8.5]	2 (3.2) [0.4-11.0]
0 to 3	37	6 (16.2) [6.2-32.0]	5 (13.5) [4.5-28.8]	1 (2.7) [0.1-14.2]	5 (13.5) [4.5-28.8]
With or without fentanyl					
4 to 7 Without	21	0 (0) [0-16.1]	0 (0) [0-16.1]	0 (0) [0-16.1]	0 (0) [0-16.1]
4 to 7 With	42	4 (9.5) [2.7-22.6]	2 (4.8) [0.6-16.2]	1 (2.4) [0.1-12.6]	2 (4.8) [0.6-16.2]
0 to 3 Without	9	0 (0) [0-33.6]	0 (0) [0-33.6]	0 (0) [0-33.6]	0 (0) [0-33.6]
0 to 3 With	28	6 (21.4) [8.3-41.0]	5 (17.9) [6.1-36.9]	1 (3.6) [0.1-18.4]	5 (17.9) [6.1-36.9]
Total	100	10 (10.0) [4.9-17.6]	7 (7.0) [2.9-13.9]	2 (2.0) [0.2-7.0]	7 (7.0) [2.9-13.9]

Might be OK give minimal sublingual buprenorphine before starting LAI buprenorphine

Regulatory Changes

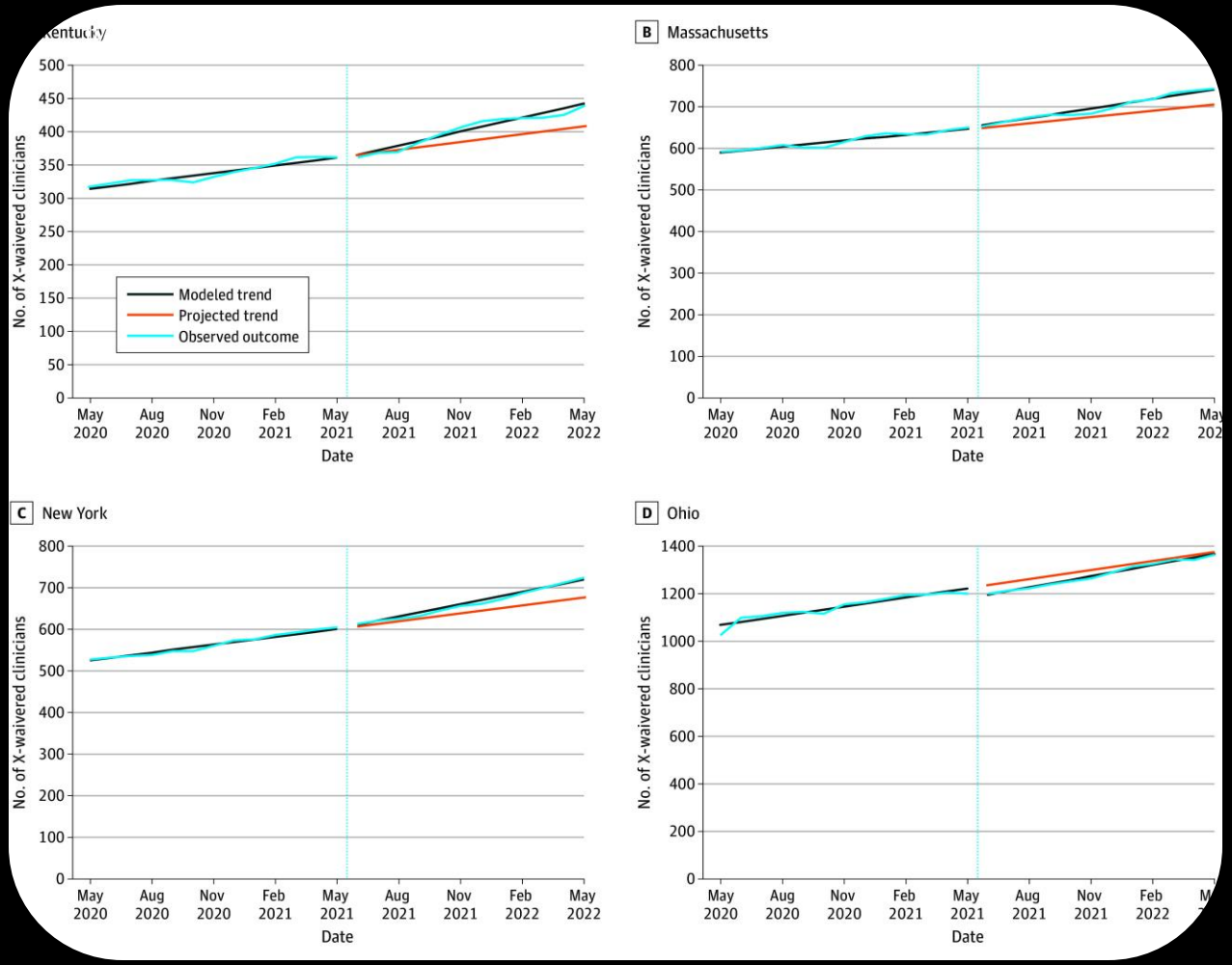
Case

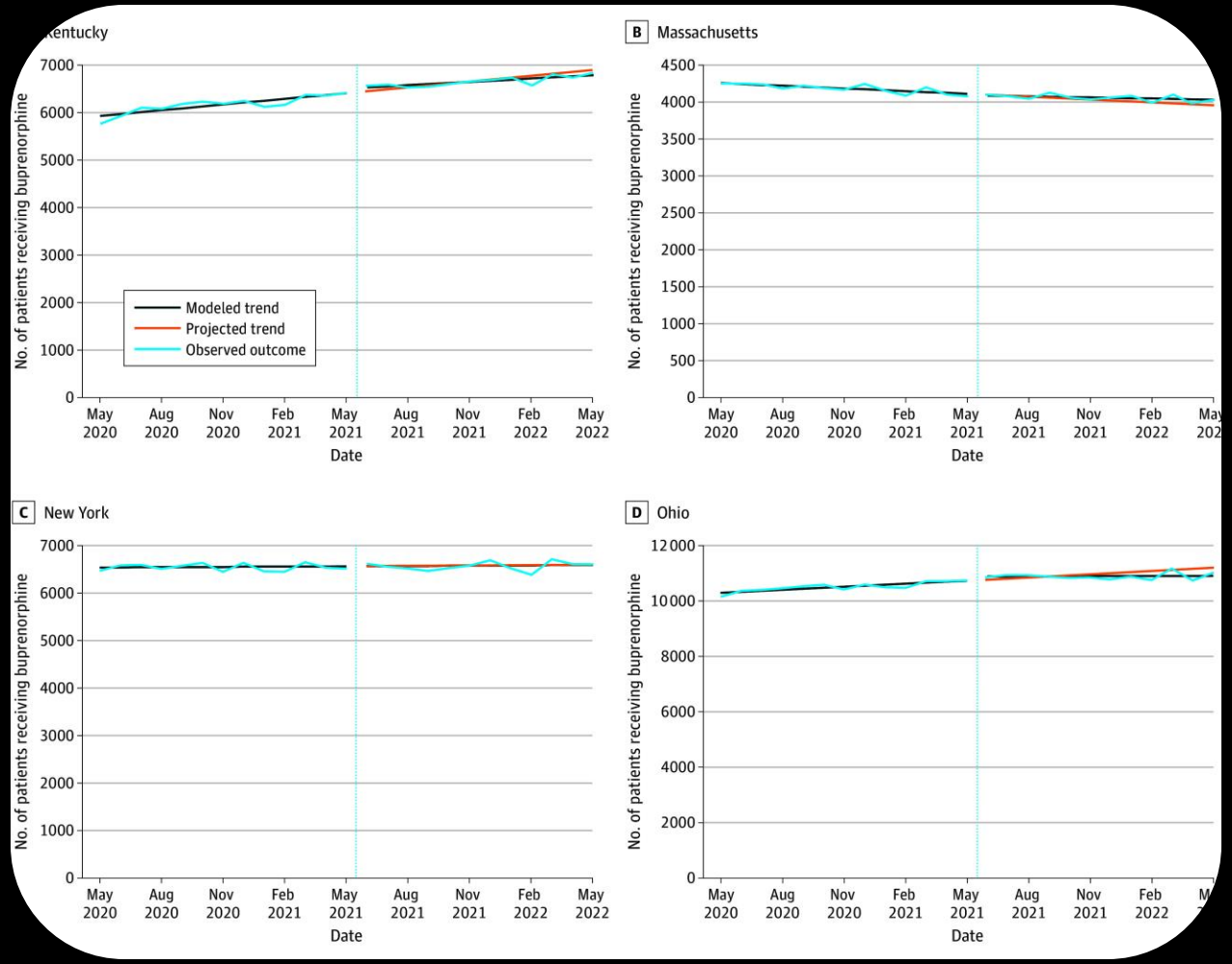
- You see a patient with opioid use disorder who is interested in treatment.
- They are not interested in buprenorphine, having tried this several times recently.
- They previously attempted methadone, but do not want to have to attend the clinic daily due to other obligations.

- How would you counsel this patient about methadone treatment?

X-waiver no longer needed!

HTTPS://WWW.SAMHSA.GOV/MEDICATIONS-SUBSTANCE-USE-DISORDERS/WAIVER-ELIMINATION-MAT-ACT





But… Relaxation of Training Requirements Doesn't Translate into More Buprenorphine Prescribing

Telehealth Flexibilities Extended

HTTPS://WWW.FEDERALREGISTER.GOV/DOCUMENTS/2023/10/10/2023-22406/SECOND-TEMPORARY-EXTENSION-OF-COVID-19-TELEMEDICINE-FLEXIBILITIES-FOR-PRESCRIPTION-OF-CONTROLLED

Not your same old methadone treatment

42 CFR Part 8 Revision (2/2/24)

More, Earlier Take Home Doses

In-clinic dosing	Length of time in Tx	Length of time in Tx
	Former	**New**
6 days/wk	0 days	
5 days/wk	90 days	
4 days/wk	180 days	
1 day/wk	270 days	0 days
Every 14 days	1 year	15 days
Every 28 days	2 years	31 days

COURTESY OF JAMIE DARNTON MD

Recap

- Fentanyl has been a game-changer
- For hospitalized patients
  + Consider using an overlapping buprenorphine start
  + Titrate methadone more quickly in carefully selected patients
  + Do not interrupt medications for OUD!
- For outpatients
  + Use higher starting doses of buprenorphine in patients with high tolerance
  + Long-acting injectable buprenorphine is a good option for some patients
- Regulations are rapidly shifting
  + X-waiver no longer needed
  + Telehealth flexibilities for buprenorphine prescribing may be extended
  + Methadone treatment is not the same as it was in the past