

Test your practical understanding of Medications for Opioid Use Disorder

1. (True or False) All patients with OUD should be offered naloxone and opioid overdose education.
 - A. True
 - B. False

Guidelines and guidances, including the CDC, recommend naloxone distribution for patients receiving any form of OUD treatment. Like any other chronic medical condition, patients with OUD will have times of success and times of relapse where they may be at increased risk for overdose due to loss of tolerance (e.g., missed doses, lost access to treatment, relapse). Offering a prescription of naloxone in combination with opioid overdose education may prevent a fatal overdose. Consider offering naloxone and overdose education to all patients on chronic opioids regardless of identified risk factors. Remember, any home with opioids carries some risk of overdose for the patient or others. In South Carolina, prescribers are now required to offer naloxone to patients when prescribing opioids for all higher risk circumstances that include: 1) ≥ 50 morphine milligram equivalents per day (MME/day) of an opioid prescription; 2) concomitant opioid and benzodiazepine prescriptions; 3) patient with a history of opioid overdose; 4) patients with history of a substance use disorder; 5) patient who have lost previous opioid tolerance (correct answer is A).

2. (True or False) Medications for OUD are not recommended for use during pregnancy.
 - A. True
 - B. False

Use of medications for OUD during pregnancy is a standard of care recommendation from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the American Society of Addiction Medicine. The benefits of buprenorphine and methadone for the treatment of OUD in pregnancy exceed the risks of untreated OUD and allow for a safer pregnancy and better outcomes for both the mother and baby (e.g., healthy weight babies, full term delivery). The healthier and preferred medication choice for the baby is the one that keeps Mom from relapsing. While treatment with buprenorphine monotherapy (rather than buprenorphine/naloxone formulation) has been standard in pregnancy, there is no evidence that the naloxone (which is included in the combination product to lower the risk for intravenous abuse or misuse) is harmful. OUD treatment with naltrexone is not recommended for pregnant patients. Ideally, counseling and support services are incorporated into prenatal care. It is important for providers of OUD

treatment, other behavioral health services, and obstetrical care to coordinate care during pregnancy and the postpartum year (correct answer is B).

1. It is recommended to prescribe medication to treat OUD even if the patient is unable or unwilling to access behavioral therapies.
 - A. True
 - B. False

Gold-standard OUD treatment includes a combination of FDA-approved medications and psychosocial treatment/support to help treat the “whole patient”. However, there is sufficient and growing evidence that medication alone allows for lifestyle/behavior changes, reduces cravings, increases retention in treatment, and decreases rates of relapse and fatal overdose. Selecting among buprenorphine immediate release (as buprenorphine/naloxone abuse-deterrent formulation or mono-product), buprenorphine extended release, methadone, or naltrexone extended release is based on multiple factors, including OUD severity, past treatment attempts, patient preference, and need for structured care. Buprenorphine/naloxone is often a first-choice selection (correct answer is A).

2. Prescribers are required to complete an X- waiver training and must have an X-number to prescribe buprenorphine for OUD.
 - A. True
 - B. False

Patients report high satisfaction rates and tend to stick with their OUD treatment plan when they receive buprenorphine from their primary care provider. In an effort to expand office-based buprenorphine treatment, an X-waiver and the associated 8-hour training is **no longer required** to prescribe buprenorphine for OUD (correct answer is B). *This question has been updated to reflect recent changes in buprenorphine prescribing).*