Why would someone be prescribed an opioid to treat opioid addiction?

Medication-assisted treatment is one of the options for managing opioid addiction. This method is typically applied along with counseling and other support and involves the use of methadone or buprenorphine and sometimes naltrexone. Methadone and buprenorphine are both opioids, therefore, they do carry the risk of addiction themselves. However, when used properly as part of an overall treatment program, the risk is minimized. Addiction can be thought of as a chronic disease, and the use of methadone or buprenorphine has been likened to the use of maintenance medications to manage other disease states such as diabetes or heart disease. When used appropriately, these medications do not create a new addiction. Essentially, they allow the body to still feel that it is receiving the drug of abuse (a.k.a., the opioid that was previously being misused by the addicted person) but without the “high.” This allows the person to avoid withdrawal symptoms and cravings while focusing more fully on recovery and healthy living. The idea is that the person will be more empowered to begin making lifestyle changes that lead to an addiction-free future. Naltrexone is used in a different way to treat addiction. This drug can help to deter relapse by preventing the person from feeling high if they were to take the previously-abused opioid again.

Methadone has been found to be useful for managing addiction as it is a very long-acting opioid that can help the person avoid drug-induced highs and lows. When used for addiction, this drug is only dispensed from specially-licensed treatment centers. Methadone is available as an oral tablet, liquid, or wafer. Buprenorphine is a long-acting partial agonist that also exhibits a “ceiling effect” (meaning that at a certain point, taking higher doses of the drug does not create any additional analgesia or euphoria). This characteristic makes the drug more difficult to abuse. Buprenorphine is available orally as a sublingual ("under the tongue") tablet or film either on its own (e.g., Subutex®, Belbuca™) or in combination with naloxone (an opioid antagonist that is only active and will block and reverse the effects of the opioid if the oral formulation is tampered with for administration through a different route such as injection, for example). Brand names for the combination product include Suboxone®, Bunavail™, and Zubsolv®. Buprenorphine may be dispensed from an opioid-dependence treatment facility or prescribed for at-home use by doctors who have obtained a special waiver under the Drug Addiction Treatment Act of 2000 (DATA 2000).

Regardless of the method chosen, close follow-up, careful monitoring, and support are key to the success of medication-assisted treatment. Several helpful resources and additional information related to medication-assisted opioid dependence treatment, including listings of available treatment centers and a “Buprenorphine Treatment Physician Locator,” can be found online at www.samsha.gov.

### Varubi™ (rolapitant)

The Food and Drug Administration (FDA) approved a new add-on agent late last year for the prevention of delayed nausea and vomiting in adults receiving chemotherapy. Varubi™ (rolapitant) joins two similar products in the same drug class (substance P/neurokinin 1 receptor antagonists): Emend® injection (fosaprepitant) and Emend® (aprepitant). Varubi™ is indicated to be taken by mouth as 180 mg approximately 1 to 2 hours prior to the start of chemotherapy, and is intended to be administered along with dexamethasone and a 5-HT3 receptor antagonist (e.g., Zofran [ondansetron]).

Varubi™ may offer some advantages over Emend® as it has a longer half life (7 days vs. 9 to 13 hours), thus its clinical effects can last several days following one dose. Varubi™ also does not inhibit the CYP3A4 enzyme responsible for the metabolism of so many other drugs, so there is less potential for drug-to-drug interactions vs. Emend®. Emend® is a CYP3A4 inhibitor and inducer and may increase plasma concentrations (and therefore adverse effects) of drugs such as some opioids (e.g., hydrocodone, oxycodone, fentanyl, methadone, buprenorphine), NSAIDs (e.g., diclofenac), benzodiazepines (e.g., Valium®, Xanax®), and sleep aids (e.g., Ambien®, Lunesta®) to name a few.

While Varubi™ and Emend® are not specifically addressed in the ODG (Official Disability Guidelines), the guidelines do indicate that the use of antiemetics for nausea and vomiting related to chronic opioid use is not recommended citing the lack of high-quality literature supporting treatment for opioid-induced nausea in chronic non-malignant pain patients.

References:
- www.accessdata.fda.gov/scripts/cder/drugsatfda/
- www.odg-twc.com/

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