UPDATED July 2024 by Comagine Health

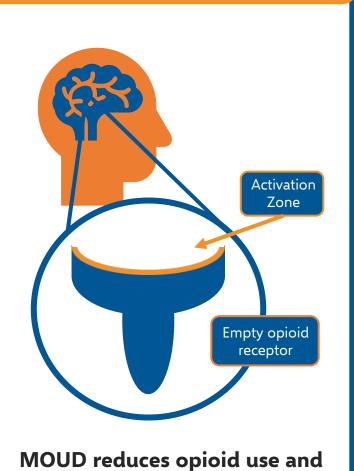


A QUICK INTRODUCTION TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD)



- Also called Medication-assisted Treatment (MAT)
- ► FDA-approved medications, which includes methadone, buprenorphine, and naltrexone
- Gold standard treatment approach for Opioid Use Disorder (OUD)
- Providers can prescribe buprenorphine via telehealth
- Delivered in Office-based Opioid Treatment (OBOT) or Opioid Treatment Program (OTP) setting
- Substance Abuse and Mental Health Services Administration (SAMHSA) and Oregon Health Authority (OHA) certify OTPs
- Decreases risk of infectious disease, reduces risk of opioid overdose, and increases an individual's overall well-being

HOW MOUD WORKS IN THE BRAIN



craving by attaching to the opioid receptors and blocking

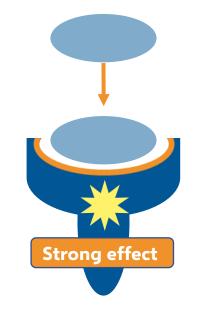
opioid activity in the brain

METHADONE



Dispensed only at **certified OTPs**

Daily liquid or tablet **Brand names:** Methadose, Dolophine

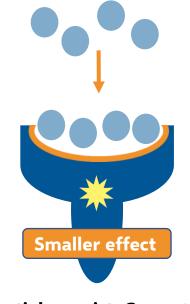


Full agonist: Generates full opioid effect

BUPRENORPHINE

Prescribed in **any general medical setting**,
including OBOTS,
dispensed at OTPs

Monthly injection or Daily tablet or film Brand names: Subutex, Suboxone, Sublocade

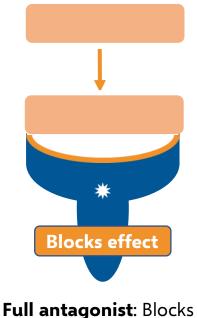


Partial agonist: Generates partial opioid effect

NALTREXONE

Prescribed in **any general medical setting**, including OBOTS, dispensed at OTPs

Monthly injection or Daily tablet
Brand names: Vivitrol,
Revia



effect of opioids

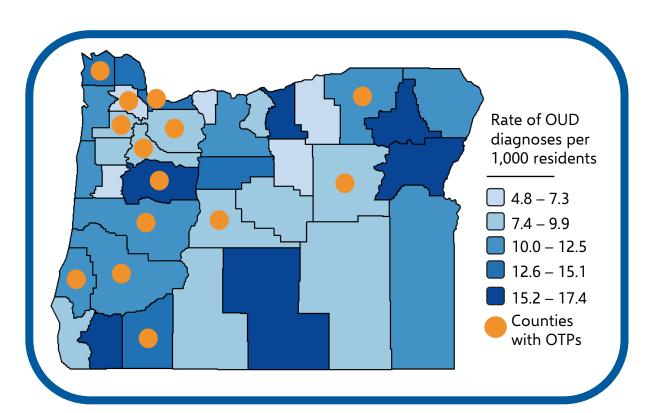
BUPRENORPHINE CERTIFICATION

In January 2023, the Waiver Elimination (MAT Act) passed, which removed the federal requirement that prescribers have a waiver to prescribe MOUD. The legislation expands universal access to MOUD treatment by allowing any prescriber with a current DEA registration (Schedule III authority) to prescribe buprenorphine.

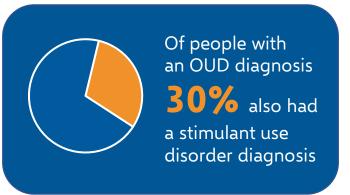
METHADONE AND OTP UPDATE

In February 2024, SAMHSA revised the <u>regulations that guide OTPs</u> (42 CFR Part 8 Final Rule). The revisions aim to expand access and improve retention in MOUD treatment by removing outdated regulations and promoting compassionate, patient-centered approaches to care. Oregon's State Opioid Treatment Authority, Dr. John McIlveen, and other Oregon leaders are currently working on updating state-based recommendations and policies based on these revisions. Oregon-based revisions should be available by the end of 2024.

OPIOID USE DISORDER COUNTS & OPIOID TREATMENT PROGRAMS



Among Oregonians who used medical services from January – December 2022, **44,331** had an OUD diagnosis.



Most OTPs are concentrated along the Interstate-5 (I-5) corridor serving Oregon's 4 largest metro areas – Portland, Salem, Eugene, and Medford. Coastal, rural, and frontier communities in Oregon are severely lacking in access to MOUDs and other OUD treatment.

MEDICATIONS FOR OPIOID USE DISORDER DATA

METHADONE

As of spring 2022, there are more than 10,000 active methadone patients at Oregon OTPs

BUPRENORPHINE

- ▶ Of the 12,000 Oregon providers that are DEA certified, only 1,081 (9.0%) dispensed a buprenorphine prescription. Of those prescribing, 82.0% wrote more than one prescription
- Among the 44,331 people diagnosed with OUD from January – December 2022, 15,711 (35.4%) patients were dispensed buprenorphine, a 7.5% increase from the previous year

Rate of patients who filled a buprenorphine prescription per 1,000 residents 2.0 – 3.7 3.8 – 5.5 5.6 – 7.3 7.4 – 8.6

NALTREXONE

 Among the 44,331 people diagnosed with OUD from January – December 2022, 1,079 (2.4%) patients were dispensed oral naltrexone, a 0.2% increase from the previous year

TAKE AWAYS

- Rates of OUD and co-occurring OUD and stimulant use disorder are high in Oregon.
- Despite the removal of the waiver requirement to prescribe buprenorphine, most eligible prescribers are not prescribing buprenorphine even though the need is high.
- OHA is committed to implementing state policies to expand access and improve retention in MOUD treatment. Federal requirement revisions have created opportunities for updating policies.

Questions? Contact Courtney Fultineer at OHA at Courtney.Fultineer@oha.oregon.gov

Data sources: Comagine Health All Payer All Claims Database; Oregon Health Authority, SAMSHA, Population Research Center – Portland State University