Substance Use Disorder Medications Monitoring Panel

🍷 Medications for Alcohol Use Disorder

💊 FDA-Approved Medications (Winslow et al., 2016)

- Naltrexone oral (ReVia)
- Naltrexone extended-release injectable (Vivitrol)
- Acamprosate (Campral)
- Disulfiram (Antabuse)

💊 Off-Label Medications (Fischler et al., 2022)

- Topiramate
- pentin
- Gaba

💊 Naltrexone

Monitoring 🔬 Baseline

Monitoring

📋 Laboratory Tests

- Comprehensive metabolic panel
- Liver function tests (critical)
- Urine drug screen (to ensure opioid-free) •
- Pregnancy test (if applicable)

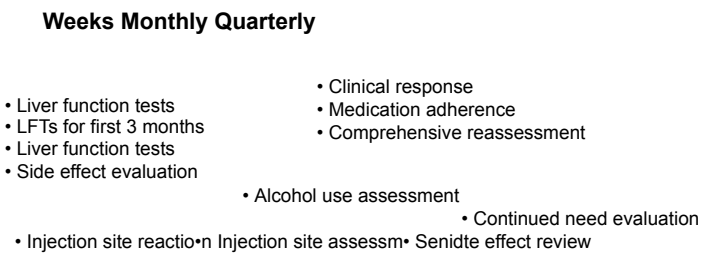
- Opioid use history (must be opioid-free for 7-10 days)
- Liver disease assessment
- Pain condition assessment
- Medication review for interactions
- Injection site assessment (for injectable form)
- Suicide risk assessment
- Motivation assessment

Follow-up Monitoring

Clinical Assessments

- Comprehensive substance use evaluation

Naltrexone Monitoring Timeline [1-2]



Special Monitoring Considerations

Contraindications & Precautions

- **Contraindications:**
  - Current opioid use or acute opioid withdrawal
  - Failed naloxone challenge test
  - Acute hepatitis or liver failure
  - Hypersensitivity to naltrexone
- **Precautions:**
  - Hepatic impairment (ALT/AST >3x ULN)
  - Renal impairment
  - Thrombocytopenia (for injectable form)
  - Coagulation disorders (for injectable form)
  - Concurrent opioid analgesic needs

💊 Acamprosate Monitoring

🔬 Baseline Monitoring

📋 Laboratory Tests

- Comprehensive metabolic panel
- Renal function tests (critical)
- Pregnancy test (if applicable)

🩺 Clinical Assessments

- Comprehensive substance use evaluation
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Renal function assessment •

Depression/suicidality assessment •

Medication review for interactions

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Motivation assessment

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Alcohol abstinence status

📅 Follow-up Monitoring

Ongoing Monitoring

- **1-2 Weeks:**
  - Side effect evaluation
  - Medication adherence
  - Alcohol use assessment
  - Craving assessment
- **Monthly:**
  - Renal function tests (if baseline abnormal)
  - Clinical response assessment
  - Side effect profile
  - Medication adherence
  - Alcohol use assessment
  - Craving assessment
  - Consider psychosocial support adequacy
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Quarterly:

- Comprehensive metabolic panel
- Comprehensive substance use reassessment
- Side effect review
- Continued need evaluation

⚠️ Special Monitoring Considerations

Contraindications & Precautions

- **Contraindications:**
  - Severe renal impairment (CrCl ≤30 mL/min)
  - Hypersensitivity to acamprosate
- **Precautions:**
  - Moderate renal impairment (dose adjustment required)
  - History of depression or suicidality
  - Elderly patients
- **Dosing in renal impairment:**
  - CrCl 30-50 mL/min: 333 mg TID
  - CrCl <30 mL/min: Contraindicated

Disulfiram Monitoring

Baseline Monitoring

Laboratory Tests

- Comprehensive metabolic panel
- Liver function tests (critical)
- Complete blood count
- ECG (if cardiac history)
- Pregnancy test (if applicable)

Clinical Assessments

- Comprehensive substance use evaluation
- Cardiac assessment
- Neurological examination
- Psychiatric evaluation
- Medication review for interactions
- Alcohol abstinence verification (≥12 hours) **(Stokes & Abdijadid, 2022)**
- Understanding of disulfiram reaction
- Motivation and adherence assessment

Follow-up Monitoring

Ongoing Monitoring

- **1-2 Weeks:**
  - Liver function tests

Side effect evaluation

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-
  Medication adherence
-
  Alcohol use assessment
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  Reinforcement of disulfiram reaction risks

- **Monthly for first 6 months:**
  - Liver function tests
  - Complete blood count
  - Clinical response assessment
  - Side effect profile
  - Medication adherence
  - Alcohol use assessment
  - Consider supervised administration
- **Every 3-6 months thereafter:**
  - Liver function tests
  - Complete blood count

- Comprehensive substance use reassessment
- Side effect review
- Continued need evaluation

Special Monitoring Considerations

Contraindications & Precautions

- **Contraindications:**
  - Recent alcohol consumption (<12 hours)
  - Severe cardiac disease
  - Psychosis
  - Severe hepatic impairment
  - Hypersensitivity to disulfiram or thiuram derivatives
- **Precautions:**
  - Hepatic disease
  - Renal impairment
    mellitus
  - Diabetes
  - Hypothyroidism
  - Seizure disorders
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Peripheral neuropathy

- **Disulfiram reaction:** Monitor for flushing, throbbing headache, nausea, vomiting, chest pain, palpitations, dyspnea, hypotension, syncope, confusion

Medications for Opioid Use Disorder

FDA-Approved Medications

- Methadone
- Buprenorphine (Subutex)
- Buprenorphine/naloxone (Suboxone, Zubsolv, Bunavail)
- Naltrexone extended-release injectable (Vivitrol)

HIV, hepatitis panel (recommended)

Buprenorphine

Monitoring Baseline

Monitoring

Laboratory Tests .

Follow-up Monitoring

Comprehensive metabolic panel

- Liver function tests
- Urine drug screen
- Pregnancy test (if applicable)

Clinical Assessments

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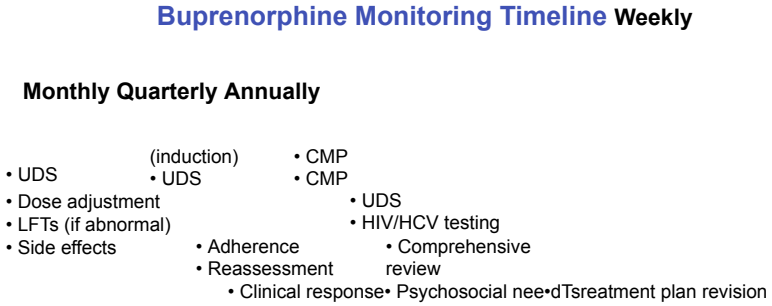
- Comprehensive substance use evaluation
- COWS score (for induction) 5 to 24 (Kumar et al., 2024)
- Pain assessment
- Psychiatric evaluation
- Medication review for interactions
- Motivation assessment
- Social support evaluation
- Diversion risk assessment



Special Monitoring Considerations

Contraindications & Precautions

- **Contraindications:**
  - Hypersensitivity to buprenorphine or naloxone
- **Precautions:**
  - Hepatic impairment (dose adjustment may be needed)
  - Respiratory disease
  - CNS depression
  -

QT prolongation risk

- Adrenal insufficiency
- Concurrent benzodiazepine or CNS depressant use

- **Pregnancy considerations:**
  - Buprenorphine monoproduct preferred over combination product
  - Neonatal abstinence syndrome monitoring needed

Methadone Monitoring

Baseline Monitoring

Laboratory Tests

- Comprehensive metabolic panel
- Complete blood count
- ECG (QTc interval)
- Urine drug screen
- Pregnancy test (if applicable)
- HIV, hepatitis panel (recommended)

Clinical Assessments

- Comprehensive substance use evaluation
- Cardiac assessment
- Respiratory assessment
- Pain assessment
- Psychiatric evaluation
- Medication review for interactions
- Motivation assessment
- Social support evaluation

Follow-up Monitoring

Ongoing Monitoring

- **Induction phase (daily):**
  - Vital signs
  - Withdrawal symptoms
  - Sedation level
  - Side effects
- **Stabilization phase (weekly):**
  - Urine drug screen
  - Dose adequacy assessment
  - Side effect evaluation
  - Medication adherence
- **Maintenance phase (monthly):**
  - Urine drug screen
  - Clinical response assessment
  - Side effect profile
  - Psychosocial functioning
- **Every 3-12 months:**
  - ECG (especially if dose >100 mg or risk factors)
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- Comprehensive metabolic panel
- Complete blood count
- Comprehensive substance use reassessment
- Treatment plan review

Special Monitoring Considerations

Contraindications & Precautions

- **Contraindications:**
  - Significant respiratory depression
  - Acute bronchial asthma in unmonitored setting
  - Paralytic ileus
  - QTc >500 ms
- **Precautions:**
  - QTc prolongation risk factors
  - Respiratory disease
  - Hepatic impairment
  - Renal impairment
  - Concurrent CNS depressant use
  - CYP450 interactions (3A4, 2B6, 2D6)

- **Pregnancy considerations:**
  - Considered standard of care for OUD in pregnancy
  - Dose increases often needed in third trimester
  - Neonatal abstinence syndrome monitoring needed

References

1. American Society of Addiction Medicine. National Practice Guideline for the Treatment of Opioid Use Disorder
2. American Psychiatric Association. Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder 3.
   Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder: Treatment Improvement Protocol (TIP) 63
4. Substance Abuse and Mental Health Services Administration. Medication for the Treatment of Alcohol Use Disorder: A Brief Guide
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