Addiction Medications Table

Week 6

THIS ASSIGNMENT SHOULD BE SUBMITTED TO THE WEEK 6 MEDICATION TABLE DROPBOX BY SUNDAY

Drug Name	Indication Neurotransmitter(s) Affected Target Symptoms	Half-life (T1/2), Metabolism (CYP 450 enzyme)	Notable Side Effects (link to NT or affected brain circuit)	Initial Dosing Co Specific lifespan considerations (pregnancy, brea
Buprenorphine (Subutex) p.113	Indication (bold for FDA approved): **Maintenance treatment of opioid dependence (sublingual)** **Moderate to sever opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days (Sublocade)** **Moderate to severe opioid use disorder in patient who have initiated**	Half-life (T1/2): Elimination half life of sublingual buprenorphine is 24 to 42 hours. Implant T Max is 12 hours, time to steady state is 4 weeks. Injection. Time to steady state is 4 to 6 months; Plasma levels may be detectable for up to 12 months following discontinuation. Correlation with urine consideration is not known. Metabolism (CYP	Notable Side Effects (link to NT or affected brain circuit): Binds at mu opioid receptor sites Headache, constipation, nausea Oral hypoesthesia, glossodynia. Othostatic hypotension	Initial Dosing C Sublingual: 8-32 Day 1: 8mg, Day 2: 12 or 16 mg Day 3-7: Increase in incre mg; max 32mg. Sublocade injec maintenance do mg monthly Brixadi injection maintenance do weekly Brixadi injection maintenance do mg monthly Specific lifespan considerations (pregnancy, brea

	treatment with a single dose of a transcuosal nuptemrphine-containing product or who are already being treated with buprenorphine (Brixadi) Neurotransmitter(s) Affected: Binds with strong affinity to the mu opioid receptor, preventing exogenous opioids from bonding there and thus preventing the pleasurable effects of opioid consumption. Because buprenorphine is a partial agonist, it can cause immediate withdrawal and a patient currently taking opioids. (i.e., reduces receptor stimulation in the	450 enzyme): Metabolized by CYP3A4.		Use caution in t Monitor patient or respiratory d Safety and effic been estab children and ad Controlled stud been condu pregnant wome Buprenorphine preferable to m pregnant wome Neonatal opioid syndrome has b following use of buprenorphine pregnancy. Not generally re for use during p especially durin trimester. Some drug is fo milk. Recommended discontinue dru feed.

	presence of a full agonist), but can relieve withdrawal if a patient is already experiencing it (i.e., increases receptor stimulation in the *absence* of a full agonist). Buprenorphine is also an antagonist at the Kappa opioid receptor. Combined with naloxone: Naloxone is a mood opioid receptor antagonist and can therefore block the effects of buprenorphine; However, because naloxone has poor sublingual bioavailability, it does not interfere with buprenorphine effects when used properly. Naloxone does have good parenteral bioavailability; thus,			