3 forms of Medication Assisted Treatment

Methadone: Full Agonist
Buprenorphine: Partial Agonist
Vivitrol Injection: Full Antagonist
Methadone

Synthetic Opioid, full agonist. Half Life of Methadone 24-48 hours. Induction dosage, stabilization dosage, maintenance dosage. Differences between a pain dosage and a blockade dosage. Potential drug interactions with Benzodiazepines, Gabapentin, Tramadol, Soma, Ambien etc. Serum Methadone Level to quantify if patient is at a therapeutic dose. Induction phase is the most critical phase.
Buprenorphine

Trade names Suboxone (naloxone), Subutex (buprenorphine) used in pregnant females, Zubsolv (buprenorphine/naloxone). Partial agonist, acts on the receptors the same way methadone does. Benzodiazepines are Contraindicated (at least at my agency). Combination of Benzos and Buprenorphine have caused death even with low dose benzos. Was touted as a pharmaceutical that is safer than methadone with no risk of abuse or overdose potential.
Vivitrol (naltrexone extended release injectable suspension)

Binds to the receptors but does not activate the receptors. Narcan is used to reverse overdoses. Vivitrol is once monthly injectable preventing the body from responding to opioids. IM injection, 20 gauge needle (ouch). Acts like a Kevlar shield around the brain and prevents opioids from attaching and activating Mu receptors. Prior to induction must be opiate free 7-10 days. Narcan challenge prior to induction and Comprehensive lab work must be completed prior to injection.
Therapy

MAT is a small portion of recovery. MAT enables the patient to engage in therapy without experiencing withdrawal and intense cravings. Therapy is the most crucial part to educate and uncover any traumas and or MH issues that attributed to their OUD. Different levels of care. Keeping clients engaged in treatment.
Esper Treatment Center designated as a Center of Excellence by Governor Wolf in 2016. Services provided include but not limited to mobile assessments, rehab placements, engagements.