Ideal Option

Buprenorphine: Myths, Facts, and Outcomes

MYTH #1

MAT replaces one drug with another

- Without medication, many people with OUD are unable to recover
- Many patients will relapse within 30 days of leaving inpatient rehab or jail where MAT was not available. Some relapse on their first day out. Some overdose and die.
- Abstinence-based treatment for opioid use disorder is largely ineffective, with a 90% return to use rate.

So, while counseling, group meetings, mental-health treatment, and other types of emotional support are critical for recovery, the rewired brain circuitry of an OUD patient often requires medication.

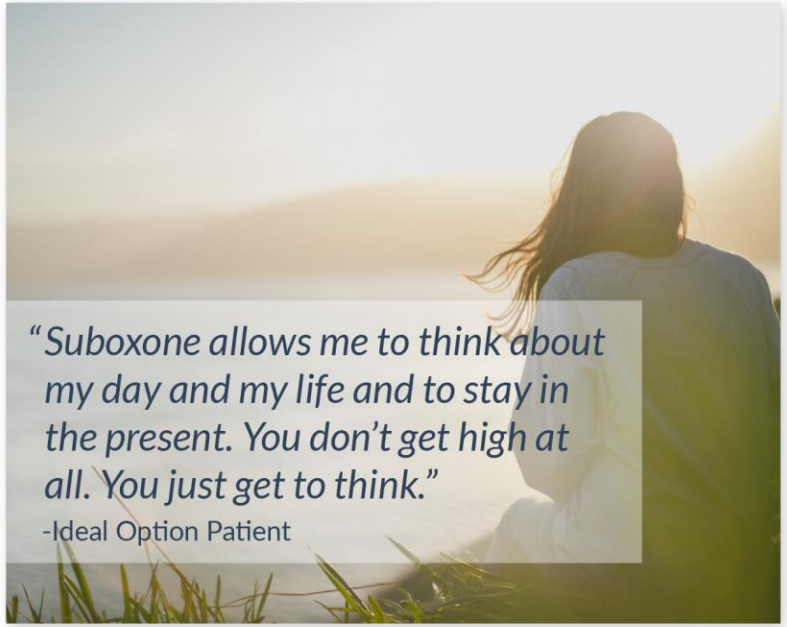
"Without the right medication, the rest doesn't matter."

- Dr. Jeff Allgaier

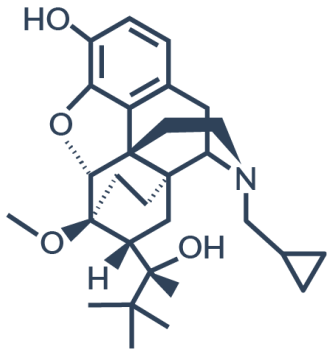
MYTH #2

You can get high on Suboxone®

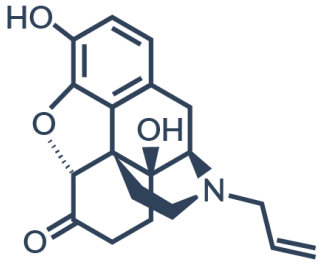
- Suboxone® is a partial opioid agonist with a ceiling effect to inhibit feelings of euphoria.
- If people are on the right dose of medication, it will not make them high or produce euphoric effects.
- If someone who is opioid naïve takes the medication, they may feel some euphoria but for people with opioid use disorder, this rarely happens.



Suboxone® contains buprenorphine and naloxone.



Buprenorphine attaches to the same receptors as other opioids but only partially activates those receptors. This eliminates withdrawals and cravings, which helps people feel normal.



Naloxone is an antagonist/opioid blocking medication that causes withdrawal symptoms if someone tries to abuse the medication.

MYTH #3

You can never stop taking Suboxone®

It depends on the unique situation and history of drug use with each patient. If someone has been addicted for three years, they could probably taper off Suboxone in three years.
But if they've been using opioids for decades, they'll likely need Suboxone for the rest of their life. It just means they're dependent on a medication the way a diabetic is dependent on insulin.

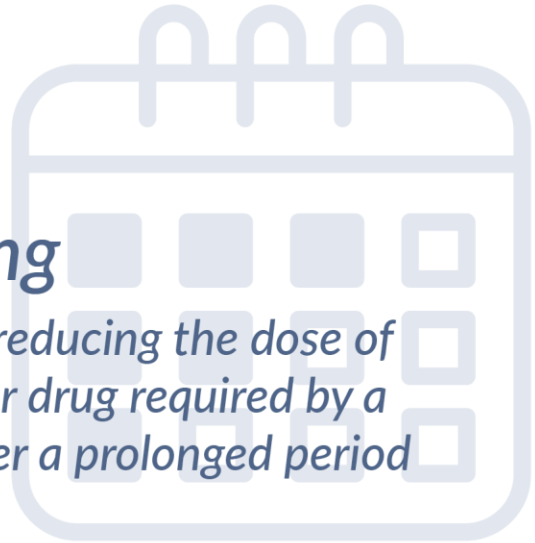
"If you have to take a pill to feel normal for the rest of your life, versus using all sorts of drugs and committing crimes, that's what you do." - Dr. Jeff Allgaier

MYTH #4

Suboxone® is harder to quit than heroin

When our patients are ready to discontinue medication, we slowly taper the dose and frequency down. If tapered appropriately, people will not experience severe withdrawal symptoms.

Patients can safely reduce their Suboxone dose within a few months and then settle on a low maintenance level.
This is because the brain gradually sheds the extra opioid receptors it had developed in response to the daily dopamine flood.



Tapering

Gradually reducing the dose of a particular drug required by a patient over a prolonged period of time

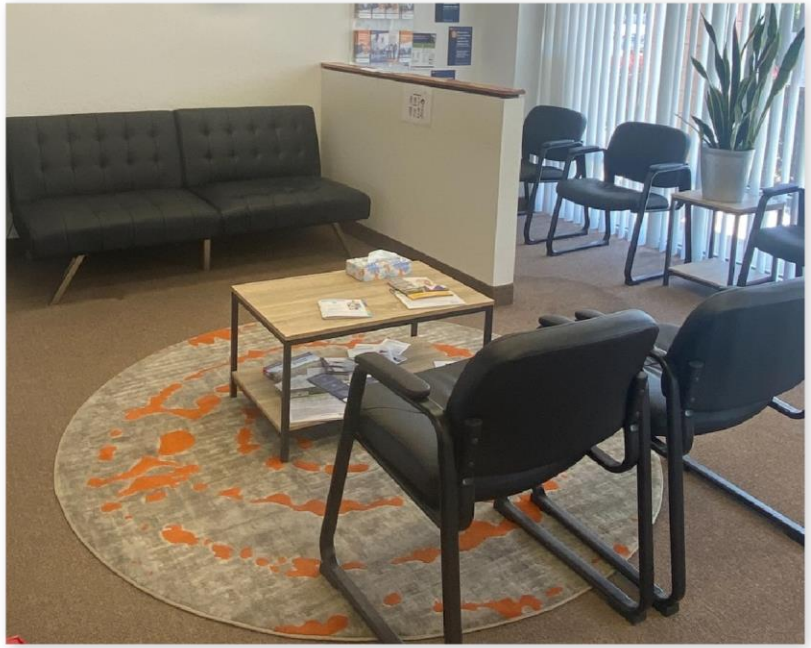
Longer Schedules

- *Increase the user's odds of success and decreases chances of relapse*
- *Help to minimize suboxone withdrawal symptoms*

MYTH #5

Suboxone® clinics attract loitering and crime

While some treatment clinics have historically been associated with drug activity, crime, and loitering, office-based opioid treatment (OBOT) clinics typically do not attract the same type of behavior.



"My provider's office is so calming and peaceful! The whole clinic is like a spa with all of the nice furniture, plants, and candles. Definitely unlike any other treatment clinic I've been to before!"

- Ideal Option Patient

MYTH #6

Suboxone® ends up on the street

- While some people do sell or give away their medication, the majority of our patients take their medication as directed.
- Our “trust but verify” protocol involving frequent appointments and urine tests ensures medication adherence.

When Suboxone is diverted, it is most commonly sought by people with opioid addiction to alleviate withdrawal symptoms, not as a way to get high.

MYTH #7

Detoxing in jail helps people get clean

Failure to treat opioid use disorder during incarceration has serious consequences:

- Illness and death from opioid withdrawal during incarceration
- Risk of injury and suicide during incarceration
- Burden on correctional and janitorial staff
- High risk of overdose death after release
- High rates of crime and recidivism post-release

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WHAT IS MAT?

Chronic exposure to opioids may result in **brain abnormalities**[1]

These brain abnormalities can lead to addiction also known as opioid use disorder (OUD).

Opioid use disorder is a chronic brain disease

- Opioid use disorder causes changes in the brain that can lead to self-destructive behaviors and compulsive drug use.
- Like other chronic conditions, opioid use disorder is caused by a combination of behavioral, environmental, and biological factors.
- Genetic risk factors account for about half of the likelihood that an individual will develop an addiction.

Medication-assisted treatment (MAT)

"Medication-assisted treatment saves lives while increasing the chances a person will remain in treatment and learn the skills and build the networks necessary for long-term recovery."

– Michael Botticelli, former Director of National Drug Control Policy

Decreases illicit opiate use and other criminal activity.

Decreases transmission of infectious diseases such as HIV and hepatitis C.

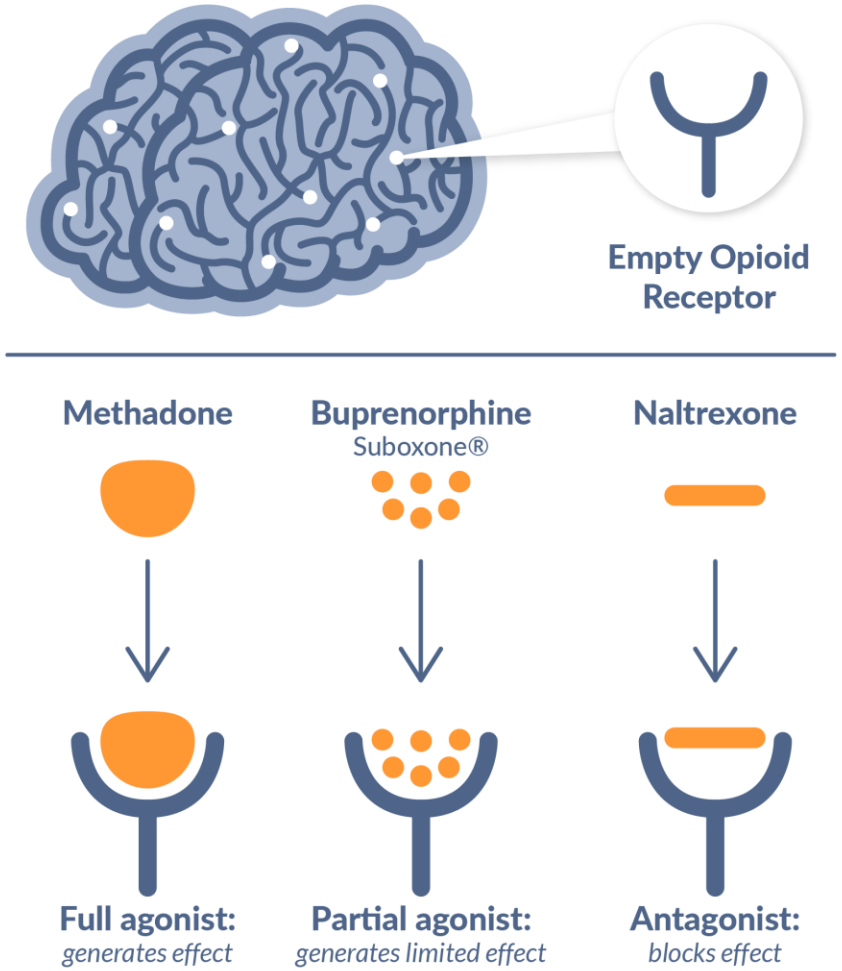
Decreases overdoses and drug-related mortality.

Increases patient survival and retention in treatment.

Increases patients' ability to gain and maintain employment.

Source: SAMHSA

How opioid treatment medications work on the brain



The Food and Drug Administration (FDA) has approved several different medications to treat alcohol and opioid use disorders. Medications used for MAT are evidence-based treatment options and do not just substitute one drug for another.

- SAMHSA

Medications for Opioid Use Disorder:

- Reduce cravings
- Block the effects of opioids if used while on the medication
- Prevent withdrawal
- Help restore normal brain function, including memory, concentration, decision-making and thinking

Source: "Medication-Assisted Treatment Improves Outcomes for Patients with Opioid Use Disorder." Pew Internet & American Life Project, Nov. 2016.

In this study:

Randomized Controlled Trial (RCT):

- Gold standard for research
- Cohort of 40K (one of the largest ever undertaken)
- 6 treatment modalities
    1. No treatment
    2. Inpatient detoxification or residential services
    3. Intensive behavioral health
    4. Buprenorphine or methadone
    5. Naltrexone
    6. Non-intensive behavioral health

Only opioid agonist treatment (buprenorphine and methadone) were shown to reduce overdose and opioid related morbidity

Source: Journal of the American Medical Association (JAMA) February 5, 2020
Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder
Sarah E. Wakeman, MD1,2; Marc R. Larochelle, MD. MPH3,4; Omid Ameli, MD, MPH5; et al

Comparing methadone and buprenorphine-based treatment

	Office-based opioid treatment (OBOT) Outpatient clinics prescribing buprenorphine/ Suboxone® usually in rural/suburban areas.	Opioid treatment program (OTP) Outpatient clinics dispensing methadone usually in urban areas.
HISTORY	Emerged as new gold standard MAT over past 10 years.	Gold standard MAT for 50 years.
MEDICATION DESCRIPTION	Buprenorphine is partial agonist. Reduces cravings. Safer than methadone.	Methadone is full agonist (can produce a “high”).
MEDICATION DISTRIBUTION	Prescription filled by a local pharmacy and taken at home by patient.	Administered primarily in office with observed dosing by provider.
VISIT FREQUENCY	Varies depending on phase of treatment (initiation, stabilization, maintenance) from twice weekly to monthly.	Daily visits. After a period of stability, patients may be able to take methadone home between visits.
STAFFING	Licensed provider (MD, NP, PA) assisted by office staff (RN, MA etc.) and in some cases counselors.	Clinic director (licensed), peer counselors, medical director, RN, pharmacist (few hours per week).
LICENSURE & ACCREDITATION	Operates under the provider license, no accreditation required.	Clinic is licensed by state and federal agencies and accredited by Joint Commission or CARF.
PAYMENT	Third party reimbursement (Medicaid and commercial coverage).	Third party reimbursement (Medicaid and commercial coverage).

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WHO WE ARE

WHO IS IDEAL OPTION?

A national leader in medication-assisted treatment.

Ideal Option has been working on the front lines of the opioid epidemic since our founders – two ER physicians – opened the first clinic in 2012.

Today, Ideal Option employs more than 250 addiction medicine providers and staff in 80+ outpatient clinics across 10 states. We're proud to have helped more than 60,000 patients get started in recovery from substance use disorder.

- Ideal Option provides direct patient care in

80+ Outpatient Clinics

in convenient locations in Washington, Oregon, Alaska, Montana, Idaho, North Dakota, Minnesota, Maryland, New Mexico and Arkansas.

- Ideal Option has helped

60k+ Patients Start Recovery

from addiction to opioids, alcohol, and other substances with medication, behavioral health counseling, and referrals to community support services.

- Ideal Option employs

250+ Physicians, Nurse Practitioners, Physician Assistants, Lab Professionals and Medical Assistants

who are experienced, trained, and passionate about addiction medicine and patient care.

We are

Mission-driven, data-minded, and patient-centered.

Our patients are treated with respect, empathy, and acceptance by licensed, experienced, and trained medical professionals. Our payors and community partners trust us to make sound, fiscally-responsible, data-minded decisions that are in the best interests of society and the medical, behavioral, and lifestyle needs of every patient who seeks our help to recover from the disease of addiction.

Our Vision

To give back lives, reunite families, and heal communities suffering from the devastating effects of substance use disorder.

Our Mission

We strive to be the nation's leading provider of low-barrier evidence-based treatment for substance use disorder.

Low barrier and evidence-based means more patients start treatment, stay in treatment, and achieve stable recovery.

No Wait Lists

Patients are scheduled for their first appointment within 1-3 business days. Warm handoffs may be fast-tracked through our referrals team.

Medicaid Accepted

Most forms of insurance including Medicaid and Medicare are accepted. Payment plans and financial counseling is available for uninsured patients.

Outpatient

Our convenient outpatient locations allow patients to maintain relationships with family and take advantage of training and employment opportunities.

Non-Judgmental

While return-to-use episodes will trigger a review of a patient's treatment plan, patients are never penalized or expelled.

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OUR CARE MODEL

Substance use disorder is a treatable chronic disease

Substance use disorder is a chronic brain disease. Like other chronic diseases, the goal of treatment is to appropriately manage the condition rather than cure the disease. Medication-assisted treatment (MAT) is the recommended treatment modality for people with substance use disorder.

"Medication-assisted treatment combined with psychosocial therapies and community-based recovery supports is the gold standard for treating opioid addiction."

— U.S Surgeon General

Patient-Centered Wholistic Care

In addition to a clinical staff comprised of more than **250 addiction medicine providers and medical assistants**, Ideal Option employs **350+ administrative and support staff** to help patients navigate every step of the intake process, treatment program, and recovery journey.

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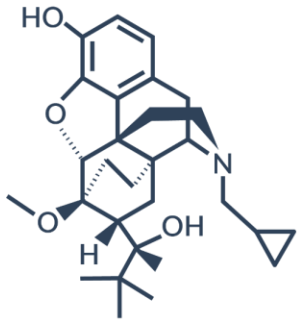
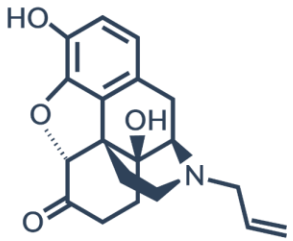
OPIOID USE DISORDER TREATMENT PROTOCOLS

How does Suboxone® work?

Suboxone contains both buprenorphine and naloxone.



Buprenorphine attaches to the same receptors as other opioids but only partially activates those receptors. This eliminates withdrawals and cravings, which helps people feel normal.



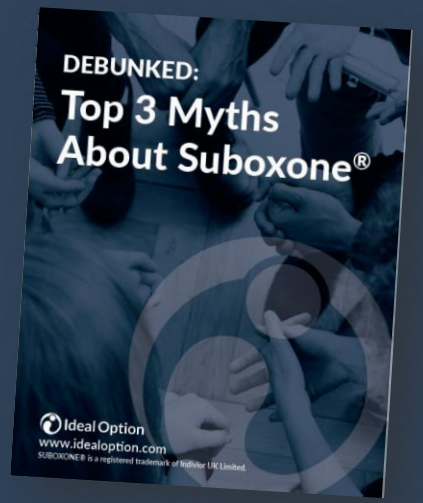
Naloxone is an antagonist / opioid blocking medication that causes withdrawal symptoms if someone tries to abuse the medication.

Isn't taking Suboxone® trading one addiction for another?

A common concern and misconception associated with medication-assisted treatment (MAT) is that it substitutes one drug for another.
Research has shown that when provided at the proper dose, medications such as Suboxone have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability.

People in stable recovery who are dependent on Suboxone or other addiction medications, lead normal lives, take care of their families, maintain friendships, excel at their jobs, go back to school, and pay their bills.

Visit idealoption.com/patient-forms to download our e-book: *Debunked: Top 3 Myths About Suboxone.*

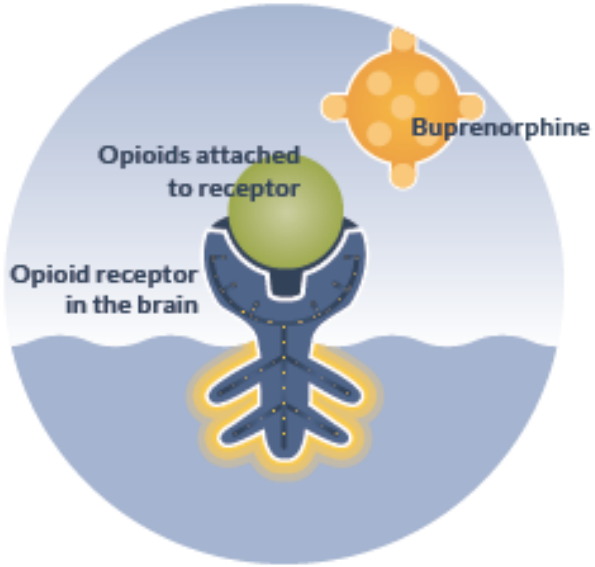


Can Suboxone Cause Precipitated Withdrawal?

Precipitated withdrawal can result when a patient takes a full dose of buprenorphine while a full agonist opioid is still occupying the opioid receptors in the brain.
With the right initiation method, precipitated withdrawal can be avoided.

HIGH AFFINITY

Buprenorphine binds tightly to the receptor, displacing other opioids.

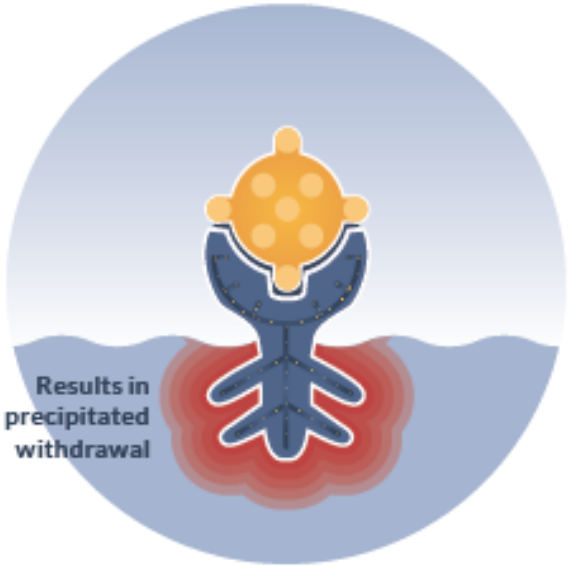


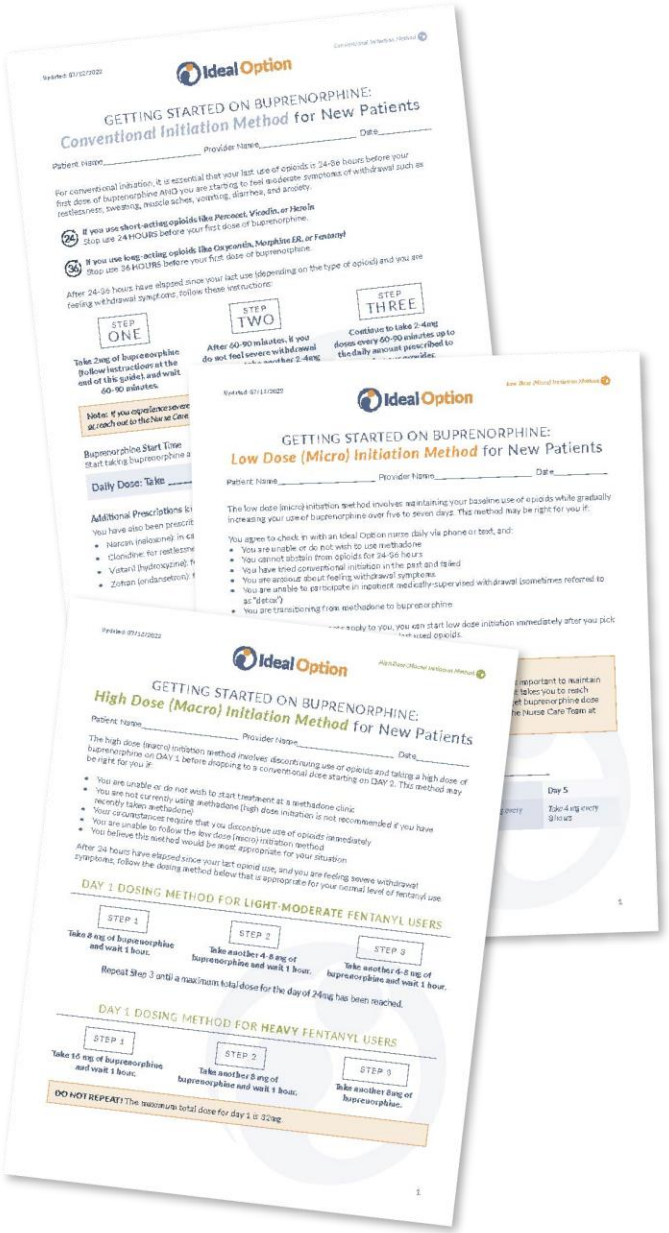
PARTIAL AGONIST

Buprenorphine produces significantly less effect than a full agonist opioid.

NET OPIOID DEFICIT

Suddenly replacing a full agonist opioid with a partial agonist opioid leads to intense withdrawal.





3 Methods to Safely Transition to Buprenorphine

Conventional Initiation Method

- The conventional initiation method is for new patients who have abstained from opioids for 24-36 hours and are feeling moderate withdrawal symptoms before starting buprenorphine.

24H Short-acting opioids like Percocet, Vicodin, or Heroin must be stopped 24 HOURS before the first dose of buprenorphine.

36H Long-acting opioids like Oxycontin, Morphine ER, Methadone or Fentanyl must be stopped 36 HOURS before the first dose of buprenorphine.

Low Dose (Micro) Initiation Method

- The low dose (micro) initiation method is for new patients who have been directed by their provider to maintain their baseline use of opioids while gradually increasing their dose of buprenorphine over five to seven days.

High Dose (Macro) Initiation Method

- The high dose (macro) initiation method is for new patients who have been directed by their provider to stop all use of opioids and start immediately on a high dose of buprenorphine.

Stages of Treatment

Our goal at Ideal Option is to get patients stabilized onto their prescribed medication and into long-term recovery. This chart shows how patients make progress from one stage of treatment to the next.

Initiation

2 Visits Every Week

3 Day Rx

Patient is new, restarting treatment after a lapse, or not yet stabilized on buprenorphine.

Stabilization A

1 Visit Every Week

7 Day Rx

Patient is starting to feel stable on buprenorphine and has reduced/stopped their use of opioids but may still be using other substances.

Stabilization B

1 Visit Every 2 Weeks

14 Day Rx

Patient is starting to feel stable on buprenorphine and has reduced/stopped their use of opioids but may still be using other substances.

Maintenance A

1 Visit Every 3 Weeks

21 Day Rx

Patient is completely stable on buprenorphine and abstinent from all non-prescribed substances and alcohol.

Maintenance B

1 Visit Every Month

28 Day Rx

Patient has long-term stability on buprenorphine and abstinence from all non-prescribed substances and alcohol.

Graduation Criteria

* *Verified by urine drug testing*

- ✓ No Withdrawal Symptoms
- ✓ Reduced Cravings
- ✓ Taking Buprenorphine*
- ✓ Reduced Opioid Use*

- ✓ No Withdrawal Symptoms
- ✓ No Cravings
- ✓ Taking Buprenorphine*
- ✓ No Opioid Use*
- ✓ No Non-Prescribed Benzos or Sedatives*

- ✓ No Withdrawal Symptoms
- ✓ No Cravings
- ✓ Taking Buprenorphine*
- ✓ No Opioid Use*
- ✓ No Non-Prescribed Benzos or Sedatives*
- ✓ No Stimulants

- ✓ No Withdrawal Symptoms
- ✓ No Cravings
- ✓ Taking Buprenorphine*
- ✓ No Opioid Use*
- ✓ No Non-Prescribed Benzos or Sedatives*
- ✓ No Stimulants

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NON OPIOID TREATMENT PROTOCOLS

Alcohol Use Disorder

Research shows that one-third of people with alcohol use disorder (AUD) who are treated with medication have no further symptoms one year later. Many others substantially reduce their drinking and report fewer alcohol-related problems.

Despite the evidence and strong support from the addiction medicine community, less than 10% of people with AUD receive medication-assisted treatment.

"Medications for alcohol use disorder (AUD) can provide an opportunity for behavioral therapies (counseling) to be helpful by reducing cravings to helping to maintain abstinence from alcohol. In that way, medications can give people with an alcohol problem some traction in the recovery process."

— National Institute on Alcohol Abuse and Alcoholism (NIAAA)

How Our Program Works

An addiction medicine provider assesses the level of alcohol dependence and then develops a personalized medication-assisted treatment plan for withdrawal management and relapse prevention.

Assess

Provider performs a series of clinical assessments and lab tests to diagnose alcohol use disorder, and if the patient is still drinking, determines the likely severity of the withdrawal period. For severe cases, inpatient treatment or medically supervised withdrawal may be recommended.

Withdraw

Provider develops a personalized medication-assisted withdrawal management plan and then meets with the patient daily for 4-5 days as they manage withdrawal at home. A responsible adult should be with the patient at all times during withdrawal.

Abstain

After the withdrawal period, the patient will transition to a different medication plan designed to prevent return to use. The patient will start with weekly appointments and then shift to bi-weekly and then monthly as they become more stable. Occasional breathalyzer and lab tests will be performed to ensure safety and to monitor progress.

Methamphetamine Use Disorder

Methamphetamine use disorder is associated with severe health complications, risk of fatal overdose, and is notoriously difficult to treat and overcome. Currently, there are no FDA-approved medications to treat this disorder. However, a recent clinical study supported by funding from the National Institute of Drug Abuse and the Department of Health and Human Services supports the utilization of a combination of naltrexone and bupropion over a placebo for patients suffering from methamphetamine use disorder.

"Long-term methamphetamine misuse has been shown to cause diffuse changes to the brain, which can contribute to severe health consequences beyond addiction itself. The good news is that some of the structural and neurochemical brain changes are reversed in people who recover, underscoring the importance of identifying new and more effective treatment strategies."

— Madhukar H. Trivedi, M.D., University of Texas Southwestern Medical Center, Dallas

How Our Program Works

Patients will meet with an addiction medicine provider regularly for 6 months to a year before safely tapering off their prescribed medications. If patients are using both methamphetamine and opioids, their treatment plan may include buprenorphine. Counseling will also be offered.

Assess

The provider will assess the patient's health and medical history, and order lab testing to determine if the patient is using substances other than methamphetamines.

Treat

Based on the results of the assessment and lab testing, the provider may prescribe a combination of medications such as bupropion, naltrexone, and buprenorphine.

Recover

Once the patient is stable and comfortable on the medication, they will meet with the provider regularly and receive referrals to counseling and other support services important for long-term recovery.

Cannabis Use Disorder

Marijuana continues to grow in popularity in the United States as some states have moved to make the drug legal. About 13% of U.S. adults use cannabis products. The plant has historically been consumed recreationally for its mind-altering effects, but cannabis can be addictive and may have harmful long- and short-term effects, such as paranoia and memory loss.

The following are signs of cannabis use disorder:

- *Using more cannabis than intended*
- *Trying but failing to quit using cannabis*
- *Spending a lot of time using cannabis*
- *Craving cannabis*
- *Continued use despite the failure to complete obligations*
- *Continued use despite social or relationship problems*
- *Continued use despite physical or psychological problems*
- *Giving up activities with friends and family in favor of cannabis use*
- *Cannabis use in high-risk situations, such as while driving a car*
- *Needing to use more cannabis to get the same high*
- *Experiencing withdrawal symptoms when stopping cannabis use*

Source: CDC

Our Treatment Approach

A problematic pattern of cannabis use leading to clinically significant impairment or distress is determined by at least two of the signs of cannabis use disorder occurring within a 12-month period.

Assess

- Specify Severity
  - Mild: Presence of 2 to 3 symptoms
  - Moderate: Presence of 4 to 5 symptoms
  - Severe: Presence of 6 or more symptoms
- Set Goal – Abstinence or reduced use/harm reduction

Psychosocial Therapy

- Cognitive behavioral therapy
- Motivational interviewing
- Contingency management
- Mutual help groups

Treat

Evidence-based medications for the treatment of cannabis use disorder include N-acetylcysteine and Varenicline.

Kratom Use Disorder

Is there any evidence that medication-assisted treatment works for kratom use disorder?

Researchers at Ideal Option presented the largest case series to date exploring long-term buprenorphine/naloxone treatment for kratom use disorder. After 12 weeks of treatment, 82% of participants had negative test results for mitragynine (kratom). Full article published in the Substance Abuse journal here: *https://bit.ly/3GB6f5z*.

"FDA is concerned that kratom, which affects the same opioid brain receptors as morphine, appears to have properties that expose users to the risks of addiction, abuse, and dependence."

— U.S. Food & Drug Administration

What is kratom?

Kratom is a legal herbal supplement grown in Southeast Asia. It is unregulated and commonly sold in gas stations and online as an anti-depressant, energy booster and pain reliever. Kratom has also been used to reduce symptoms of opioid withdrawal.

Is kratom addictive?

Recent evidence shows that kratom is addictive and fatal overdoses are possible. When taken in high doses, kratom can produce opioid-like effects, allowing the user to experience euphoria as well as a sedative effect.

How do you treat addiction to kratom?

We treat kratom use disorder like we do opioid use disorder with medications like buprenorphine and naltrexone along with targeted psychosocial services.

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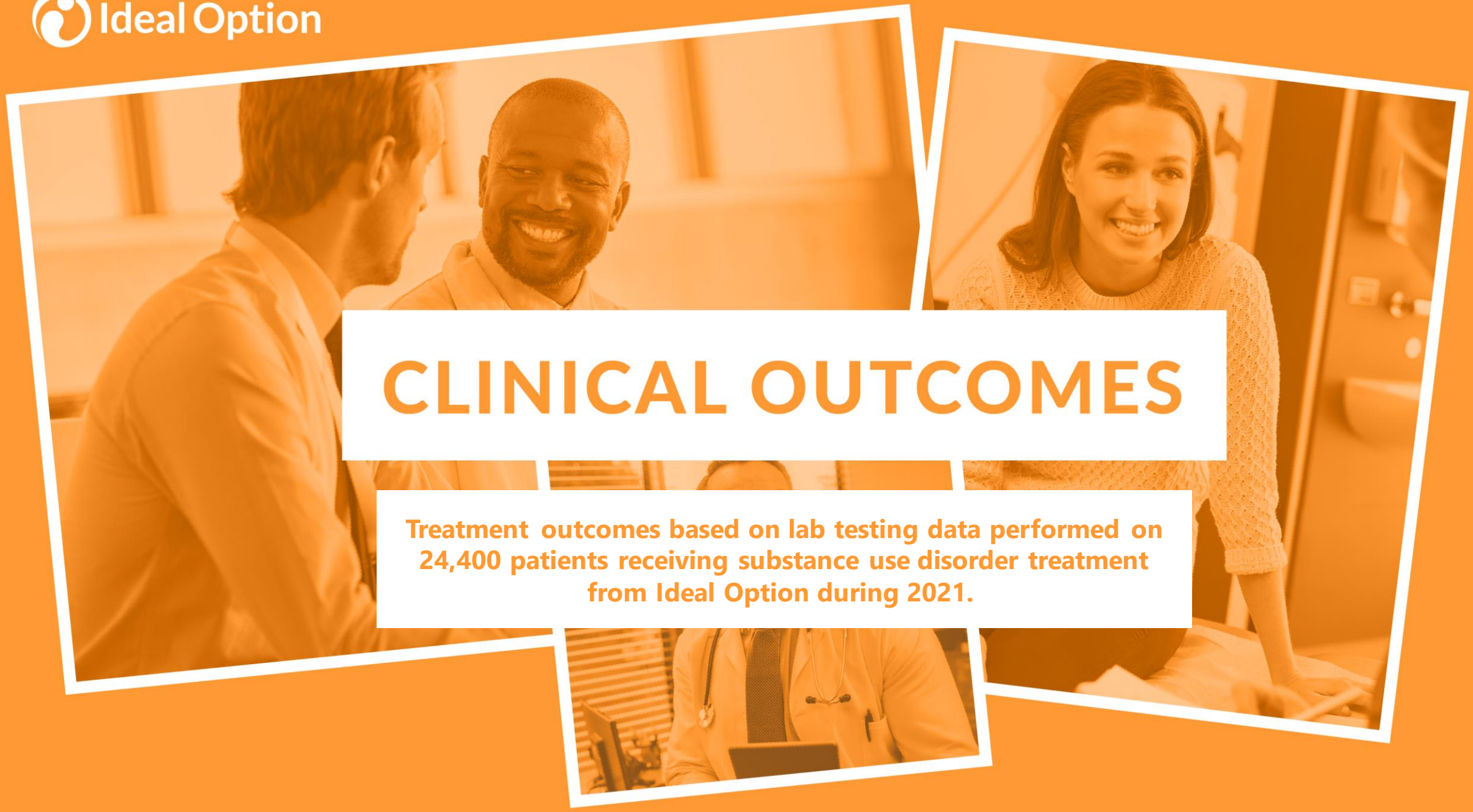


CLINICAL OUTCOMES

Treatment outcomes based on lab testing data performed on 24,400 patients receiving substance use disorder treatment from Ideal Option during 2021.

Medication Adherence

- Buprenorphine adherence correlates with improved treatment outcomes
- Ideal Option verifies buprenorphine ingestion by testing for the drug's metabolite, norbuprenorphine

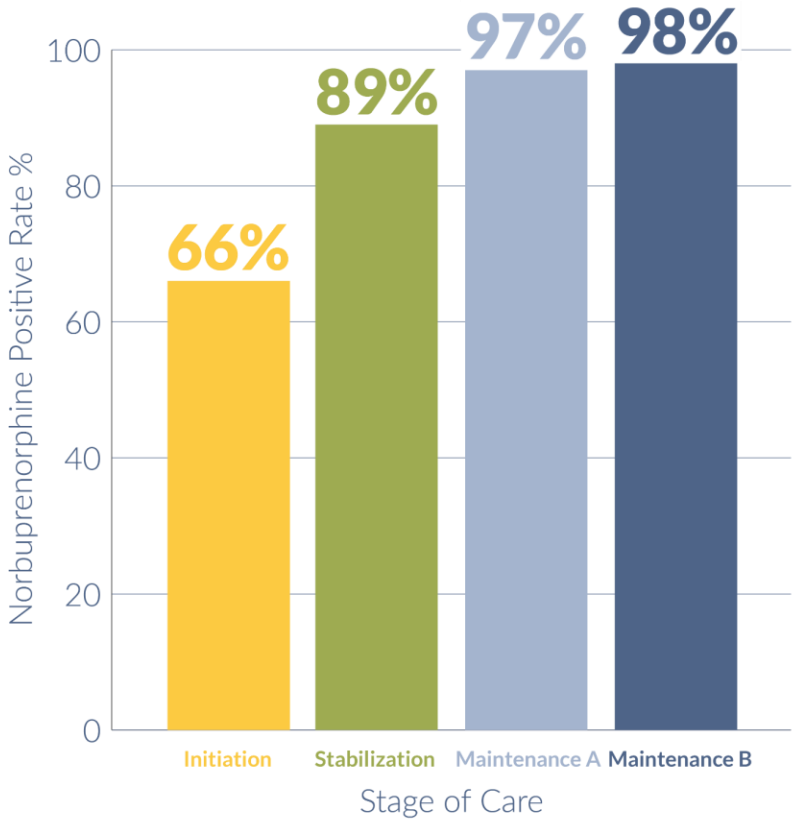
Medication adherence rates improve by stage of care:

✓ **66%** adherence at initiation (indicates early engagement)

✓ **89%** adherence at stabilization

✓ **97-98%** adherence at maintenance

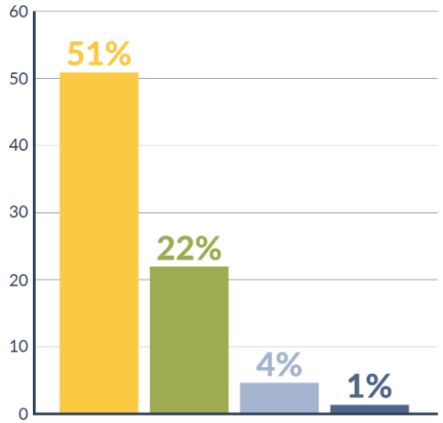
2021 Patient Norbuprenorphine Positive Rate by Stage of Care



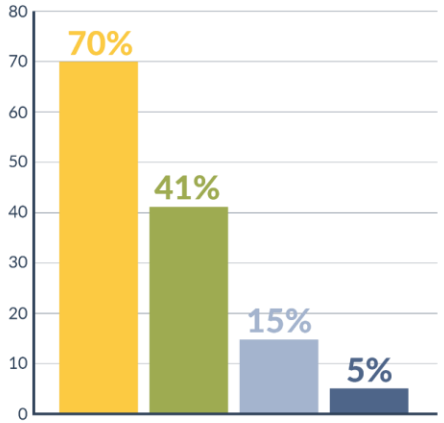
- Initiation — New patient: At least 1 visit per week.
- Inconsistent progress; 1 visit within 10 days.
- Consistent progress; 1 visit within 20 days.
- Long-term progress; 1 visit per month.

Source: Ideal Option 2021 Annual Patient Outcomes Report

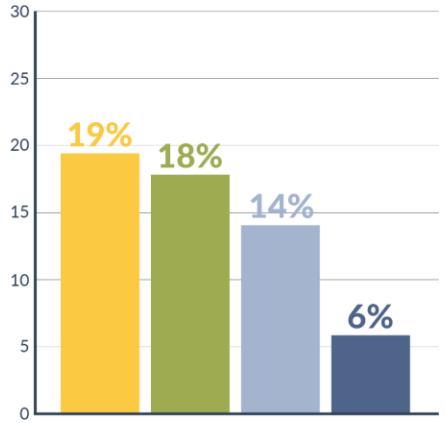
Treatment Outcomes



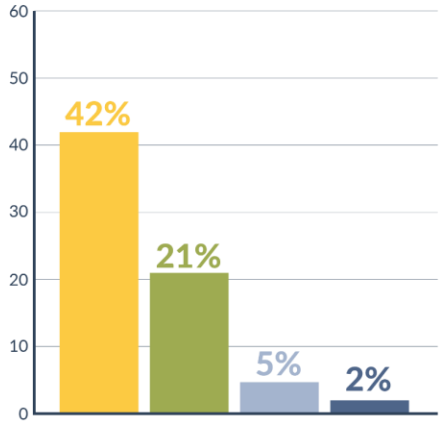
Fentanyl



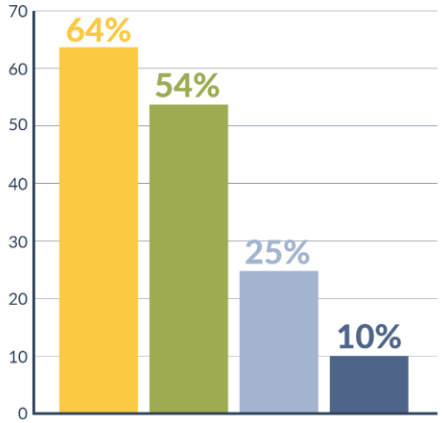
All Opioids



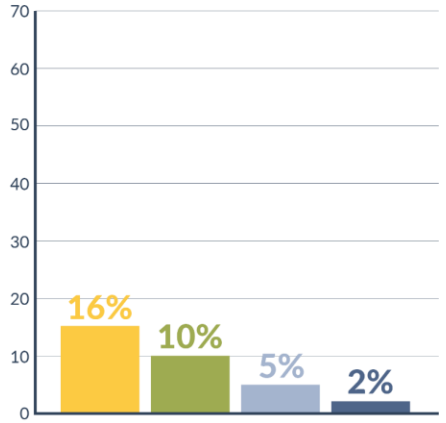
Benzodiazepines



Heroin



Methamphetamine



Cocaine

Source: Ideal Option 2021 Annual Patient Outcomes Report

Ideal Option

SELF-REPORTED OUTCOMES

Self-reported outcomes from over 2,100 patients with at least 6 months of treatment at Ideal Option.

2022 Self Reported Patient Outcomes

All respondents received at least 6 months of treatment at Ideal Option for opioid use disorder since 2018. Of approximately 15,000 patients invited to respond, 2,154 patients participated anonymously.

How likely are you to recommend Ideal Option to a friend or family member?

4.73 Average Response

2,126 Responses

Recovery Status

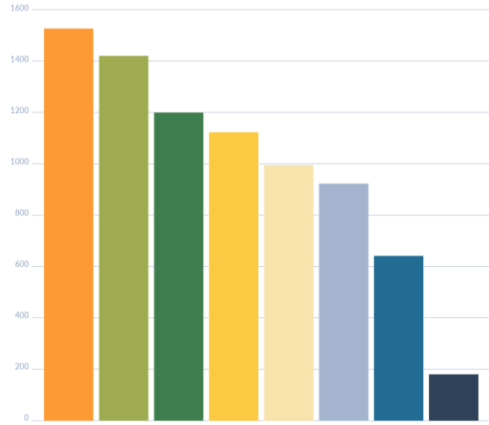
88% Stable
1% At Risk
9% Unstable
2% In Relapse

Patients agree that Ideal Option staff...

- 97% treat them with compassion
- 97% treat them with respect
- 96% treat them without judgment
- 94% are experts in addiction medicine
- 92% are supportive between visits

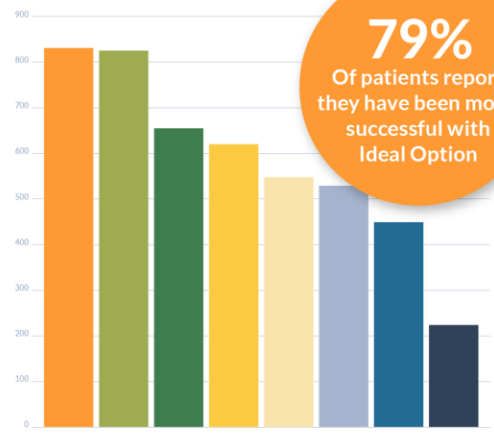
Which of the following situations were you experiencing before you started treatment with Ideal Option?

- 71% Mental/Emotional Health Issues
- 66% Financial Instability
- 56% Physical Health Issues
- 52% Relationship Issues
- 46% Housing Issues
- 43% Unemployment
- 30% Food Insecurity
- 8% None



Which treatment options have you tried previously?

- 39% Intensive Outpatient Program
- 38% Outpatient Rehabilitation
- 30% Inpatient Detox
- 29% Other
- 25% Primary Care Provider
- 25% Methadone
- 21% Sober Housing
- 10% Partial Hospitalization Program



79% Of patients report they have been more successful with Ideal Option

Since starting treatment with Ideal Option...

- 94% Report their **mental/emotional health** has improved
- 94% Report their **financial situation** has improved
- 93% Report their **physical health** has improved
- 96% Report their **relationships** have improved
- 94% Report their **housing situation** has improved
- 94% Report their **employment situation** has improved
- 95% Report their **food security** has improved
- 97% Report their **quality of life** has improved
- 98% Report they feel confident in their ability to **remain in recovery** long-term
- 96% Report **no visits to the ER for drug-related medical care** since starting treatment
- 97% Report **no drug-related arrests or charges** since starting treatment

Warm Hand-Off Program

- Dedicated 24/7 referral hotline for community partners and providers to initiate warm handoffs.
- Warm handoff patients are fast-tracked through intake and every effort is made to schedule their first appointment within 24 hours.
- Direct billing for all forms of insurance including Medicaid and Medicare, payment plans, and financial counseling.

Request a Referral Kit!

Community partners and healthcare providers can request a referral kit at ***hello@idealoption.net*** or ***idealoption.com/contact-us***.

How to Refer a New Patient

1. Collect the patient's name, date of birth, and a contact phone number.
2. Call our 24/7 referral hotline at **1-844-GO-IDEAL** (1-844-464-3325) or visit ***idealoption.com/refer***.
3. Write down the appointment time and clinic address and give to patient.

Need an ROI? Complete it online at:
idealoption.com/patient-forms


Ideal Option
Thank you