

# MEDICATIONS FOR OPIOID USE DISORDER

## Provider Information On Medications



This tool is designed to support your shared decision-making process when discussing medication options for opioid use disorder with your patients. During these conversations, it's essential to engage in a thorough discussion of the risks and benefits of each medication, including potential side effects, the risk of dependence, and available alternatives.

Currently, three medications are approved for the treatment of opioid use disorder: methadone, buprenorphine, and naltrexone.

While methadone is typically administered in specialized treatment settings, buprenorphine and naltrexone can be prescribed or administered by primary care providers in office-based settings.

Encourage patients to actively participate in the decision-making process to ensure the treatment aligns with their needs and goals.

BRAND NAME (GENERIC NAME)	METHOD OF ADMINISTRATION	GETTING STARTED	MEDICATION CONSIDERATIONS
<b>Buprenorphine Products</b>			
<b>Suboxone™</b> <i>Buprenorphine/ Naloxone</i>	<ul style="list-style-type: none"> <li><b>Method of Administration:</b> Sublingual Film or Tablet</li> <li><b>Frequency:</b> Daily</li> <li><b>Dosage Forms:</b> Four dosage forms available—most common is 8 mg buprenorphine/2 mg naloxone</li> <li><b>Dosing Flexibility:</b> Ease of modified dosing with ability to cut strips/split pills</li> </ul>	<ul style="list-style-type: none"> <li>Opioid-dependent patients <u>must be in at least moderate withdrawal</u>. Assess using the COWS in-office or through a self-assessment for home induction.</li> <li>Opioid naive patients with a history of OUD will not be in withdrawal.</li> </ul>	<ul style="list-style-type: none"> <li><b>Addresses Opioid Withdrawal:</b> Effective in managing withdrawal symptoms.</li> <li><b>Efficacy:</b> Effective in reducing opioid cravings and withdrawal symptoms.</li> <li><b>Benefits:</b> Widely available, lower cost with generic options, higher safety profile due to respiratory ceiling effect.</li> <li><b>Risks:</b> Causes physical dependence.</li> <li><b>Opioid Intolerance:</b> Can create an environment for fatal overdose if misuse occurs.</li> <li><b>Consultation:</b> Consider in consultation with a board-certified addiction physician or nurse practitioner.</li> <li><b>Pharmacy:</b> Widely available at most pharmacies.</li> <li><b>Authorization:</b> Typically covered by most formularies.</li> </ul>
<b>Zubsolv™</b> <i>Buprenorphine/ Naloxone</i>	<ul style="list-style-type: none"> <li><b>Method of Administration:</b> Sublingual Tablet</li> <li><b>Frequency:</b> Daily</li> <li><b>Dosage Forms:</b> Six dosage forms available—most common is 5.7 mg buprenorphine/1.4 mg naloxone</li> <li><b>Dosing Flexibility:</b> Ease of modified dosing with ability to cut tablets</li> </ul>	<ul style="list-style-type: none"> <li>Opioid-dependent patients <u>must be in at least moderate withdrawal</u>. Assess using the COWS in-office or through a self-assessment for home induction.</li> <li>Opioid naive patients with a history of OUD will not be in withdrawal.</li> </ul>	<ul style="list-style-type: none"> <li><b>Addresses Opioid Withdrawal:</b> Effective in managing withdrawal symptoms.</li> <li><b>Efficacy:</b> Similar to Suboxone with effective craving and withdrawal symptom management.</li> <li><b>Benefits:</b> Preferred by some for taste and quicker dissolution.</li> <li><b>Risks:</b> Causes physical dependence.</li> <li><b>Opioid Intolerance:</b> Can create an environment for fatal overdose if misuse occurs.</li> <li><b>Consultation:</b> Consider in consultation with a board-certified addiction physician or nurse practitioner.</li> <li><b>Pharmacy:</b> Variable formulary coverage; may require prior authorization.</li> <li><b>Authorization:</b> May require prior authorization or may not be covered.</li> </ul>
<b>Sublocade™</b> <i>Buprenorphine (Extended Release)</i>	<ul style="list-style-type: none"> <li><b>Method of Administration:</b> Subcutaneous Injection</li> <li><b>Frequency:</b> Monthly</li> <li><b>Dosage Forms:</b> Injection for subcutaneous use at 100 mg-300 mg</li> <li><b>Injection Sites:</b> Injected <u>only</u> into the abdomen</li> <li><b>Special Requirements:</b> <ul style="list-style-type: none"> <li>Requires preparation and administration by a healthcare provider.</li> <li>Requires refrigeration and storage in compliance with manufacturer, DEA and state regulations.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Treatment initiation <u>requires a minimum of 7 days of sublingual buprenorphine</u> use prior to starting Sublocade.</li> <li><b>Black Box Warning:</b> Medication <u>must be prepared and administered by a healthcare provider</u>, requires REMS registration.</li> </ul>	<ul style="list-style-type: none"> <li><b>Addresses Opioid Withdrawal:</b> Effective in managing withdrawal symptoms.</li> <li><b>Efficacy:</b> Effective in maintaining opioid dependence management with a built-in taper.</li> <li><b>Benefits:</b> Provides stable plasma concentrations; may have less frequent dosing.</li> <li><b>Risks:</b> Causes physical dependence; added risk of injection site reactions.</li> <li><b>Opioid Intolerance:</b> Creates an environment for fatal overdose if misuse occurs.</li> <li><b>Consultation:</b> Consider in consultation with a board-certified addiction physician or nurse practitioner.</li> <li><b>Pharmacy:</b> Available through specialty pharmacies or 'buy and bill' process.</li> <li><b>Authorization:</b> Requires prior authorization, variable coverage, and copays; copay assistance may be available.</li> </ul>

BRAND NAME (GENERIC NAME)	METHOD OF ADMINISTRATION	GETTING STARTED	MEDICATION CONSIDERATIONS
<b>Brixadi™</b> <i>Buprenorphine</i>	<ul style="list-style-type: none"> <li>▪ <b>Method of Administration:</b> Subcutaneous Injection</li> <li>▪ <b>Frequency:</b> Weekly or Monthly</li> <li>▪ <b>Dosage Forms:</b> <ul style="list-style-type: none"> <li>• Weekly: 8 mg/16 mg/32 mg</li> <li>• Monthly: 64 mg/96 mg/128 mg</li> </ul> </li> <li>▪ <b>Injection Sites:</b> May be injected into the abdomen, upper arm, or thigh</li> </ul>	<ul style="list-style-type: none"> <li>▪ No waiting period required after the last use of sublingual buprenorphine.</li> <li>▪ Treatment may begin when the patient is in withdrawal after a single dose of oral buprenorphine.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Addresses Opioid Withdrawal:</b> Effective in managing withdrawal symptoms.</li> <li>▪ <b>Efficacy:</b> Effective in managing opioid dependence.</li> <li>▪ <b>Benefits:</b> Provides sustained release and effective management.</li> <li>▪ <b>Risks:</b> Causes physical dependence.</li> <li>▪ <b>Opioid Intolerance:</b> Creates an environment for fatal overdose if misuse occurs.</li> <li>▪ <b>Consultation:</b> Consider in consultation with a board-certified addiction physician or nurse practitioner.</li> <li>▪ <b>Pharmacy:</b> Available through specialty pharmacies or 'buy and bill' process.</li> <li>▪ <b>Authorization:</b> Requires prior authorization, variable coverage, and copays; copay assistance may be available.</li> </ul>

### Naltrexone Products

<b>ReVia™, Depade™</b> <i>Naltrexone</i>	<ul style="list-style-type: none"> <li>▪ <b>Method of Administration:</b> Oral Tablet</li> <li>▪ <b>Frequency:</b> Daily</li> <li>▪ <b>Dosage Forms:</b> Single dosage form available—typically 50 mg tablet</li> </ul>	<ul style="list-style-type: none"> <li>▪ <u>Requires a 7-10 day period of full agonist opioid abstinence</u> for opioid-dependent patients to safely initiate treatment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Addresses Opioid Withdrawal:</b> Not primarily used for managing withdrawal; focuses on relapse prevention and blocking opioid effects.</li> <li>▪ <b>Efficacy:</b> Limited data; effectiveness may vary based on patient history and adherence to prior treatment.</li> <li>▪ <b>Benefits:</b> May be more safely considered after an extensive period of sobriety on agonist MOUD.</li> <li>▪ <b>Risks:</b> Increased risk of fatal overdose; creates an environment for fatal overdose if dose is missed, delayed, stopped, or overridden due to opioid intolerance.</li> <li>▪ <b>Opioid Intolerance:</b> Increased risk of fatal overdose; use is strongly discouraged due to opioid intolerance.</li> <li>▪ <b>Consultation:</b> Consider only in consultation with a board-certified addiction physician or nurse practitioner.</li> <li>▪ <b>Initiation Requirements:</b> Requires a 7-10 day period of full agonist opioid abstinence for those dependent on opioids to safely initiate.</li> <li>▪ <b>Pharmacy:</b> Variable; often requires specialized handling.</li> <li>▪ <b>Authorization:</b> Often requires prior authorization.</li> </ul>
<b>Vivitrol™</b> <i>Naltrexone (Extended Release)</i>	<ul style="list-style-type: none"> <li>▪ <b>Method of Administration:</b> Deep Intramuscular Gluteal Injection</li> <li>▪ <b>Frequency:</b> Monthly</li> <li>▪ <b>Dosage Forms:</b> Injectable suspension 380 mg/vial</li> <li>▪ <b>Special Requirements:</b> <ul style="list-style-type: none"> <li>• Requires preparation and administration by a healthcare provider.</li> <li>• Requires refrigeration and storage in compliance with manufacturer, DEA and state regulations.</li> <li>• Needs to rise to room temp for at least 45 minutes prior to injection.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ <u>Requires a 7-10 day opioid-free interval</u> for opioid-dependent patients to safely initiating treatment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Addresses Opioid Withdrawal:</b> Not primarily used for withdrawal; focuses on relapse prevention.</li> <li>▪ <b>Efficacy:</b> Variable impact on cravings; mainly used for relapse prevention.</li> <li>▪ <b>Benefits:</b> Non-controlled substance, may be beneficial after extensive sobriety on agonist MOUD.</li> <li>▪ <b>Risks:</b> Increased risk of fatal overdose if dose is missed or overdose occurs due to opioid intolerance.</li> <li>▪ <b>Opioid Intolerance:</b> Creates an environment for fatal overdose if dose is missed or overridden.</li> <li>▪ <b>Consultation:</b> Must be considered in consultation with a board-certified addiction physician or nurse practitioner.</li> <li>▪ <b>Pharmacy:</b> Typically ordered through specialty pharmacies; may be available at retail pharmacies depending on health plan.</li> <li>▪ <b>Authorization:</b> Often requires prior authorization.</li> </ul>

### Methadone Products

<b>Dolophine™</b> <i>Methadone</i>	<ul style="list-style-type: none"> <li>▪ <b>Method of Administration:</b> Oral Tablet, Liquid, or Wafer</li> <li>▪ <b>Frequency:</b> Daily</li> <li>▪ <b>Dosage Forms:</b> Tablets (not used for those with OUD in OTP settings), Liquid, Wafer</li> <li>▪ <b>Dosing Flexibility:</b> Limited flexibility; tablets not used for OUD in OTP settings, but other forms can be adjusted</li> </ul>	<ul style="list-style-type: none"> <li>▪ <u>May only be dispensed by a certified opioid treatment program.</u></li> <li>▪ <u>Patient must be willing and able to attend opioid treatment program</u> daily when beginning treatment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Addresses Opioid Withdrawal:</b> Effective in managing withdrawal symptoms and cravings.</li> <li>▪ <b>Efficacy:</b> Effective in managing opioid dependence with a structured dosing regimen.</li> <li>▪ <b>Benefits:</b> Provides increased structure with daily dosing; covered by many insurance plans.</li> <li>▪ <b>Risks:</b> Causes physical dependence; risk of QTc prolongation; requires gradual dose titration.</li> <li>▪ <b>Opioid Intolerance:</b> Creates an environment for fatal overdose if misuse occurs.</li> <li>▪ <b>Consultation:</b> Risk/benefit discussion required between patient and opioid treatment program.</li> <li>▪ <b>Pharmacy:</b> Often covered by Medicare, Medicaid, and private insurance.</li> <li>▪ <b>Authorization:</b> Generally covered but may involve specific program requirements.</li> </ul>
---------------------------------------	---	---	---