OUD Medications: An Overview

*Adapted from SAMHSA

CATEGORY	BUPRENORPHINE		METHADONE	XR-NTX
	TRANSMUCOSAL	DEPOT		
Appropriate patients	Typically for patients with OUD who are physiologically dependent on opioids	Typically for patients with OUD who are physiologically dependent on opioids and who meet federal criteria for OTP admission.	Typically for patients with OUD who are physiologically dependent on opioids and who meet federal criteria for OTP admission	Typically for patients with OUD who have abstained from short-acting opioids for at least 7-10 days and long-acting opioids for at least 10-14 days.
Pharmacology	**Opioid receptor partial agonist:** Reduces opioid withdrawal and craving; blunts or blocks euphoric effects of self-administered illicit opioids through cross-tolerance and opioid receptor occupancy.	**Opioid receptor partial agonist:** Reduces opioid withdrawal and craving; blunts or blocks euphoric effects of self-administered illicit opioids through cross-tolerance and opioid receptor occupancy. Note: Patients receiving a depot formulation of buprenorphine must be inducted into buprenorphine using a transmucosal product.	**Opioid receptor agonist:** Reduces opioid withdrawal and craving; blunts or blocks euphoric effects of self-administered illicit opioids through cross-tolerance and opioid receptor occupancy.	**Opioid receptor antagonist:** Block euphoric effects of self-administered illicit opioids through opioid receptor occupancy. Causes no opioid effects. Reduces opioid craving.
Patient Education	Tell patients: • That they will need to be in opioid withdrawal to receive their first does to avoid buprenorphine-precipitated opioid withdrawal. • About the risk of overdoes with concurrent benzodiazepine or alcohol use, with injecting buprenorphine, and after stopping the medication.	Tell patients: • For implantable rods, they will need to be stable on no more than 8mg of transmucosal Suboxone or generic equivalents. • For subcutaneous injection, they must first be on a transmucosal form of buprenorphine for at least 7 days at a dose equivalent to 8 to 24mg of buprenorphine.	Tell patients: • That their dose will start low and build up slowly to avoid oversedation; it takes several days for a given dose to have its full effect. • About overdose risk in the first 2 weeks of treatment, especially with concurrent benzodiazepine or alcohol use, and after stopping the medication.	Tell patients: • That they will need to be opioid free for at least 7-10 days for short-acting opioids and at least 10-14 days for long-acting opioids before their first dose of extended-release naltrexone (XR-NTX) to avoid precipitated withdrawal (which may require hospitalization). • About the risk of overdose after stopping the medication.

Reference: https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf

CATEGORY	BUPRENORPHINE		METHADONE	XR-NTX
	TRANSMUCOSAL	DEPOT		
Administration	Daily (or off-label less-than-daily dosing regimens) administration of sublingual or buccal tablet or film. Subdermal implants every 6 months, for up to 1 year, for stable patients. Monthly subcutaneous injection of extended-release formulation in abdominal region for patients treated with transmucosal buprenorphine for at least 1 week.	**Subdermal implants every 6 months, for up to 1 years, for stable patients.** **Monthly subcutaneous injection of extended-release formulation in abdominal region for patients treated with transmucosal buprenorphine for at least 1 week.**	Daily oral administration as liquid concentrate, tablet, or oral solution from dispersible tablet or powder (unless patients can take some home).	Every 4 weeks or once-per-month intramuscular injection.
Prescribing	Physicians, nurse practitioners (NPs), and physician assistants (PAs) need a waiver to prescribe. Until Oct. 1, 2023, qualified clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives also can obtain a waiver to prescribe. Any pharmacy can fill a prescription for sublingual or buccal formulations. OTPs can administer/dispense by OTP physician order without a waiver.	Prescribers must have a waiver (as for transmucosal buprenorphine) and complete the product's REMS program. Providers of the implantable rods must complete additional training in their insertion and removal. Both the implantable rods and subdermal injections are available via restricted distribution programs and are not available in retail pharmacies. OTPs can be providers of depot formulations of buprenorphine, provided the above criteria are satisfied.	SAMHSA-certified OTPs can provide methadone for daily onsite administration or at-home self-administration for stable patients.	Physicians, NPs, PAs, and, until Oct. 1, 2023, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives can prescribe or order administration by qualified healthcare professionals.

*Long-acting buprenorphine implants (every 6 months) for patients on a stable dose of buprenorphine are also available through implanters and prescribers with additional training and certification through the Probuphine Risk Evaluation and Mitigation Strategy (REMS) Program. Extended-release buprenorphine monthly subcutaneous injections are available only through prescribers and pharmacies registered with the Sublocade REMS Program.
**Naltrexone hydrochloride tablets (50 mg each) are also available for daily oral dosing but have not been shown to be more effective than treatment without medication or placebo because of poor patient adherence.

Reference: https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf