Medications for Opioid Use Disorder

For Healthcare and Addiction Professionals, Policymakers, Patients, and Families

UPDATED 2020

TREATMENT IMPROVEMENT PROTOCOL

TIP 63

SAMHSA
Substance Abuse and Mental Health Services Administration

OUD Medications: Comparison To Guide Shared Decision Making

CATEGORY	BUPRENORPHINE	METHADONE	NALTREXONE
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 abstinent from short-acting opioids for 7 days and long-acting opioids for 10–14 days
Outcome: Retention in treatment	Higher than treatment without medication and treatment with placebo[39]	Higher than treatment without OUD medication and treatment with placebo[40]	Treatment retention with oral naltrexone is no better than with placebo or no medication;[41] for XR-NTX, treatment retention is higher than for treatment without OUD medication and treatment with placebo;[42,43] treatment retention is lower than with opioid receptor agonist treatment
Outcome: Suppression of illicit opioid use	Effective	Effective	Effective
Outcome: Overdose mortality	Lower for people in treatment than for those not in it	Lower for people in treatment than for those not in it	Unknown
Location/ frequency of office visits	**Office/clinic:** Begins daily to weekly, then tailored to patient's needs **OTP:** Can treat with buprenorphine 6–7 days/ week initially; take-homes are allowed without the time-in-treatment requirements of methadone	**OTP only:** 6–7 days/week initially; take-homes are allowed based on time in treatment and patient progress	**Office/clinic:** Varies from weekly to monthly
Who can prescribe/order?	Physicians, NPs,* PAs, and, until October 1, 2023, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives possessing a federal waiver can prescribe and dispense; can be dispensed by a community pharmacy or an OTP	OTP physicians order the medication; nurses and pharmacists administer and dispense it	Physicians, NPs,* PAs, and, until October 1, 2023, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives

**NPs, PAs, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives should check with their state to determine whether prescribing buprenorphine, naltrexone, or both is within their allowable scope of practice.

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OUD Medications: Comparison To Guide Shared Decision Making (continued)

CATEGORY	BUPRENORPHINE	METHADONE	NALTREXONE
Administration	Sublingual/buccal; injection implant by specially trained provider, and only for stabilized patients	Oral	Oral or intramuscular (Note: Oral naltrexone is less effective than the other OUD medications.)
Misuse/diversion potential	Low in OTPs or other settings with observed dose administration; moderate for take-home doses; risk can be mitigated by providing take-homes to stable patients and a diversion control plan	Low in OTPs with directly observed therapy; moderate for take-home doses; risk can be mitigated by a diversion control plan	None
Sedation	Low unless concurrent substances are present (e.g., alcohol, benzodiazepines)	Low unless dose titration is too quick or dose is not adjusted for the presence of concurrent substances (e.g., alcohol, benzodiazepines)	None
Risk of medication-induced respiratory depression	Very rare; lower than methadone	Rare, although higher than buprenorphine; may be elevated during the first 2 weeks of treatment or in combination with other sedating substances	None
Risk of precipitated withdrawal when starting medication	Can occur if started too prematurely after recent use of other opioids	None	Severe withdrawal is possible if period of abstinence is inadequate before starting medication
Withdrawal symptoms on discontinuation	Present; lower than methadone if abruptly discontinued	Present; higher than buprenorphine if abruptly discontinued	None
Most common side effects	Constipation, vomiting, headache, sweating, insomnia, blurred vision	Constipation, vomiting, sweating, dizziness, sedation	Difficulty sleeping, anxiety, nausea, vomiting, low energy, joint and muscle pain, headache, liver enzyme elevation XR-NTX: Injection site pain, nasopharyngitis, insomnia, toothache

D. Coffa, December 2017 (personal communication). Adapted with permission.