# MEDICATION ASSISTED TREATMENTS

## FDA-APPROVED DRUGS FOR THE TREATMENT OF OPIOID USE DISORDER

<table>
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<tr>
<th>Medication</th>
<th>MOA</th>
<th>Formulations</th>
<th>Dosing Frequency</th>
<th>As an APRN Can I Prescribe?</th>
<th>Special Considerations</th>
<th>Covered Under Medicaid?</th>
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</thead>
<tbody>
<tr>
<td>Buprenorphine with Naloxone</td>
<td>Partial agonist</td>
<td>Pills, dissolving film, implant</td>
<td>Daily for pills and film, Every six months for implant</td>
<td>YES</td>
<td>Requires special training and waiver</td>
<td>YES</td>
</tr>
<tr>
<td>Methadone</td>
<td>Full agonist</td>
<td>Pill, liquid, and water forms</td>
<td>Daily</td>
<td>NO</td>
<td>Client must have reliable transportation to Opioid Treatment Center.</td>
<td>YES</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Antagonist</td>
<td>Pill or extended release injection</td>
<td>Daily for pill Monthly for IM injection</td>
<td>YES</td>
<td>Client requires med alert bracelet or dog tags</td>
<td>YES</td>
</tr>
</tbody>
</table>

### Special Considerations
- **Subutex**: Monotherapy product. Used in pregnancy, higher risk for diversion.
- **Suboxone**: Buprenorphine + Naloxone product, prevents diversion recommended product for most clients. Naloxone activated only if injected.

### Covered Under Medicaid
- YES

## SPECIAL POPULATIONS (ADAPTED FROM ASAM GUIDELINES)

### Pregnancy
Methadone or Buprenorphine monoprodut ONLY. Encourage breastfeeding. Both Methadone and Buprenorphine have an L2 rating for breastfeeding.

### Adolescents
Methadone, Buprenorphine/naloxone combination product, oral or LAI Naltrexone.

### Psychiatric Disorders
Methadone, Buprenorphine/naloxone combination product, oral or LAI Naltrexone. Manage drug interactions and stabilize patient before initiating treatment.

### Incarceration
Methadone, Buprenorphine/naloxone combination product, LAI Naltrexone (Initiate RX ≥ 30 days before release)
### RISK AND BENEFITS BUPRENORPHINE

#### RISKS
- Higher attrition rates as compared to Methadone. Client may return heroin use.
- More difficult Induction with risk of precipitated withdrawal as compared to Methadone.
- Buprenorphine treatment caps. Difficulty accessing treatment for patients.
- Risk of hepatic dysfunction
- Unproven in pregnancy

#### BENEFITS
- Treatment provided outpatient. Less restricting for patient.
- Less abuse potential than Methadone. Ceiling effect protects risk for respiratory depression
- Less severe NAS, improved neurobehavioral and biometric outcomes for infants.
- Fewer drug-drug interactions than Methadone
- Effective at treating withdrawal. Lasts for 36-48 hours.
- Affordable-covered under Medicaid.
- L2 rating for Breastfeeding, lower RID 0.9%-1.9%
- Potentially less stigma

### RISK AND BENEFITS METHADONE

#### RISKS
- Continued use of illicit opioids while on Methadone.
- More abuse potential with no protective overdose factor
- Strict protocol requires daily visits, transportation, may make client feel that they has less control over treatment
- Shows up in urine drug screens may be barrier to employment
- Prolongs QTC interval
- Methadone has significant drug to drug interactions, psychiatric medication and antiretroviral agents.
- Less favorable NAS and nonbehavioral outcomes in infants as compared to Buprenorphine
- Stigma of going to Methadone clinic

#### BENEFITS
- Less risk for attrition as compared to Buprenorphine
- More effective for severe dependence
- Oral liquid less risk of injection
- Daily visits may provide much needed structure. OTPs offer comprehensive care such as counseling, group support, prenatal, nutrition, navigation services.
- No patient treatment limits for OTPs with methadone may be more accessible than Buprenorphine
- Effective at treating withdrawal. Lasts for 24 hours.
- Affordable-covered under Medicaid.
- L2 rating for Breastfeeding
- Gold standard of treatment of OUD in pregnancy. 30+ of experience
REFER TO TREATMENT

SAMHSA’s National 24/7 Helpline, 1-800-662-HELP (4357)
☑ English and Spanish
☑ Provides referrals to local treatment facilities, support groups, and community-based organizations.

SAMHSA Buprenorphine
Treatment Practitioner Locator: https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

SAMHSA Mobile App
Providers - Medication assisted treatment of OUD.

PREGNANT POPULATIONS

Pregnant women receive priority treatment status.

Eligible for Medicaid Special Connections up to one year postpartum.

Outpatient or residential treatment.

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