












# MEDICATION ASSISTED TREATMENTS

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

MEDICATION	MOA	FORMULATIONS	DOSING FREQUENCY	AS AN APRN CAN I PRESCRIBE?	SPECIAL CONSIDERATIONS	COVERED UNDER MEDICAID?
Buprenorphine with Naloxone	Partial agonist	 Pills, dissolving film, implant	Daily for pills and film. Every six months for implant	 YES Requires special training and waiver	<b>Subutex</b> =Monotherapy product. Used in pregnancy, higher risk for diversion. <b>Suboxone</b> =Buprenorphine + Naloxone product, prevents diversion recommended product for most clients. Naloxone activated only if injected.	 YES
Methadone	Full agonist	 Pill, liquid, and water forms	Daily	 NO	Client must have reliable transportation to Opioid Treatment Center.	 YES
Naltrexone	Antagonist	 Pill or extended release injection	Daily for pill Monthly for IM injection	 YES YES-No special waiver needed	Client requires med alert bracelet or dog tags	 YES

## SPECIAL POPULATIONS (ADAPTED FROM ASAM GUIDELINES)



### Pregnancy

Methadone or Buprenorphine monoproduct **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)



Warn your patients that while taking this medication they will lose their tolerance. What they use to take could now cause an overdose and kill them

## RISK AND BENEFITS BUPRENORPHINE



### RISKS

Higher attrition rates as compared to Methadone. Client may return heroin use.

Client may receive less support in outpatient setting. Which can improve recovery rates.

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 ↓ 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 have 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**

Opioid Treatment  
Program Directory-  
[dpt2.samhsa.gov/treatment/](http://dpt2.samhsa.gov/treatment/)



**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.



**THE HAVEN**  
**(303) 762-2193**

