PRIMARY CARE QUICK GUIDE: MAT Use for Opioid Use Disorder

Implant Pill Patch Liquid Injection

	BUPRENORPHINE	METHADONE	NALTREXONE
COMMON BRANDS	Suboxone, Zubsolv, Bunavail, Subutex, Probuphine, Sublocade	Methadose, Diskets, Dolophine	Vivitrol
TYPE			
HOW IT WORKS	• Partial agonist--does not completely bind to the opioid receptor. As a result, it has a ceiling effect, meaning the effect will plateau and the individual will not experience a high. • Buprenorphine prevents cravings and withdrawal symptoms and reduces the risk of overdose. • Offered as a daily dissolving tablet or film that is placed under the tongue or inside the cheek, a monthly injection, or as a 6-month implant under the skin. • Buprenorphine can be prescribed by a trained provider in a doctor's office or other health care setting, as well as in a narcotic treatment program (NTP). • Studies have found an effectiveness rate for retention in treatment of 52% (range between 40-65%.	• Full agonist — fully occupies the opioid receptor. • Methadone prevents cravings and withdrawal symptoms and reduces the risk of overdose. • Offered as a daily liquid or pill. • Methadone is dispensed only in federally regulated NTPs. • Studies have found an effectiveness rate for retention in treatment of 63% (range between 54-71%).	• Antagonist — naltrexone blocks, rather than activates, the opioid receptor. • Offered as a monthly injection for opioid users. Pill form is not recommended for opioid users. • Naltrexone is not a controlled substance and can be prescribed or administered in any healthcare or substance use disorder (SUD) setting, such as a doctor's office or clinic. • Studies have found an effectiveness rate for retention in treatment of 28% (range between 16-30%).

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CONTINUED FROM FRONT	BUPRENORPHINE	METHADONE	NALTREXONE
THINGS TO CONSIDER	• Treatment can start quickly, as soon as the person enters withdrawal. • Flexible dosing schedule. • Relapse risk increases if the individual forgets or chooses not to take the medication. • Common side effects are headache, nausea, and constipation. • Causes physical dependence. If or when the person wants to come off the drug, they will need to slowly to minimize the discomfort of detox symptoms. • Buprenorphine is sometimes used short term to relieve pain associated with detox, but more often used long term, known as maintenance treatment.	• Treatment can start right away, there is no need for withdrawal or detoxification. • Less flexible schedule. Dosing occurs in early morning and is usually observed. • Side effects include nausea, vomiting, constipation, dizziness, dry mouth, drowsiness, or sweating. • Causes physical dependence. If or when the person wants come off the drug, they will need to do so slowly to minimize the discomfort of detox symptoms • May cause drowsiness at first before maintenance dose is determined. • Methadone is an option for people who have used opioids for a long time or have been unsuccessful with other treatments.	• Less evidence for long-term effectiveness in OUD treatment than buprenorphine or methadone. • 7- to 10-day detox from opioids is required before taking naltrexone. Not recommended for pregnant women. • Does not cause physical dependence, and does not suppress withdrawal or cravings. • Side effects may include stomach pain, nausea, vomiting, headache, joint pain, trouble sleeping and anxiety. • Injection form of the medication lasts for about 30 days before it wears off. • Overdose risk can be higher after naltrexone wears off due to decrease in tolerance.
QUESTIONS FOR PATIENTS	• Can you commit to taking this medication daily? • Are you comfortable with taking a medication that requires time to taper off to minimize the discomfort of detox?	• Have you found other treatments have not worked well for you? • Can you come in the early morning for dosing? • Could your work be affected by possible drowsiness during your initial dosing period? • Are you comfortable with taking a medication that requires time to taper off?	• Have you detoxed from opioids, or would you be willing to detox to take this medication? • Can you commit to making an appointment once every month to continue receiving the injection? • Do you have any medical needs that would be affected by blocking the opioid receptors? For example, do you use opioids to reduce chronic pain?

PRIMARY CARE QUICK GUIDE: MAT Use for Alcohol Use Disorder

Pill Injection

	NALTREXONE	ACAMPROSATE	DISULFIRAM
COMMON BRANDS	Revia, Vivitrol	Campral	Antabuse
TYPE			
HOW IT WORKS	• Medication that blocks the effects of alcohol and reduces cravings. • Offered as a daily pill or monthly injection. • Naltrexone is not a controlled substance and can be prescribed or administered in any health care or SUD setting, such as a doctor's office or clinic.	• Medication to reduce cravings for patients who have already stopped drinking. It does not help with withdrawal symptoms but does reduce cravings. If relapse occurs, patients can continue taking the medication without needing to detox first. • Offered as a tablet taken three times a day. • Acamprosate is not a controlled substance and can be prescribed or administered in any health care or SUD setting, such as a doctor's office or clinic.	• Medication that causes severe vomiting if someone drinks alcohol. • Offered as daily pill. • Disulfiram is not a controlled substance and can be prescribed or administered in any health care or SUD setting such as a doctor's office or clinic.
THINGS TO CONSIDER	• Detoxification from alcohol is required before taking naltrexone. • Relapse risk increases if the patient forgets or chooses not to take pill form of the medication.	• Detoxification from alcohol is not required but is highly recommended before starting on acamprosate. • Relapse risk increases if patients forget or choose not to take medication.	• Detoxification from alcohol is required. • Relapse risk increases if the person forgets or chooses not to take the medication.

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CONTINUED FROM FRONT	NALTREXONE	ACAMPROSATE	DISULFIRAM
THINGS TO CONSIDER	• Injection form of the medication lasts for about 30 days before it wears off.	• Common side effects include stomach pain, dizziness or dry mouth; more rarely patients may experience anxiety or depression.	• Side effects are not common but may include headache, drowsiness or rash. • Disulfiram can be a good option for compulsive drinking.
QUESTIONS FOR PATIENTS	• Have you detoxed from alcohol, or would you be willing to detox to take this medication? • Can you commit to taking this medication daily, or would a month-long injection be a better option? • Do you have any medical needs that would be affected by blocking the opioid receptors? For example, do you use opioids to reduce chronic pain?	• Can you commit to taking this medication three times a day? • Do you feel that craving reduction alone is enough to help you stop drinking, or do you need something more? For example, disulfiram makes you vomit if you drink, and naltrexone takes away the pleasurable feeling of drinking.	• Have you detoxed from alcohol, or would you be willing to detox to take this medication? • Can you commit to taking this pill daily? • Do you work in an industry with exposure to alcohol-based products (i.e., paint thinner, varnish, etc.) which could react with the medication? • Are you willing to run the risk of severe vomiting should you relapse?

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