

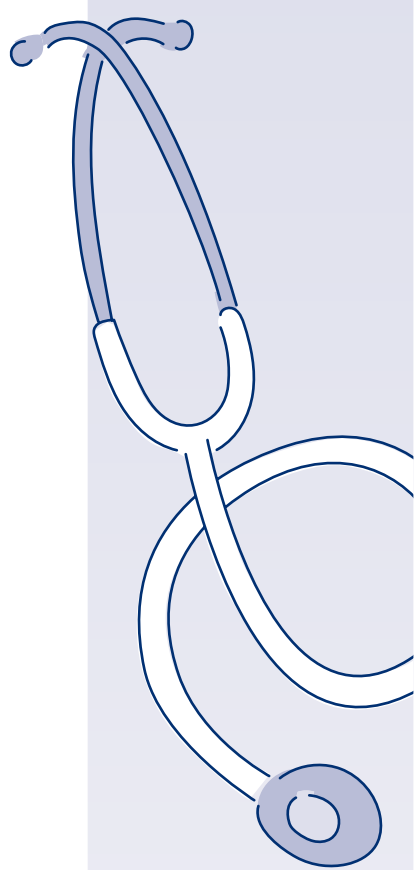


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		Naltrexone	Buprenorphine	Methadone
1	Route of administration and brand names?	<p>Oral <b>tablet or capsule</b></p> <ul style="list-style-type: none"><li>• ReVia™</li><li>• Generic product</li></ul> <p>Injection: intramuscular (IM), long-acting and extended release (four weeks)</p> <ul style="list-style-type: none"><li>• Vivitrol™</li></ul> <p><i>Research shows better outcomes with long-acting injection.<sup>1</sup></i></p>	<p>Oral sublingual <b>film</b> (buprenorphine-naloxone combination product)</p> <ul style="list-style-type: none"><li>• Suboxone™</li><li>• Generic product</li></ul> <p>Oral sublingual <b>tablet</b> (buprenorphine-naloxone combination product)</p> <ul style="list-style-type: none"><li>• Suboxone™</li><li>• Zubsolv™</li><li>• Generic product</li></ul> <p>Oral <b>buccal film</b> (buprenorphine-naloxone combination; placed inside mouth between cheek and upper gum)</p> <ul style="list-style-type: none"><li>• Bunavail™</li><li>• Generic product</li></ul> <p>Oral sublingual <b>tablet</b> (buprenorphine monoproduct)</p> <ul style="list-style-type: none"><li>• Subutex™</li><li>• Generic product</li></ul> <p>Injection: subcutaneous, extended release (buprenorphine monoproduct)</p> <ul style="list-style-type: none"><li>• Sublocade™</li><li>• Brixadi™</li></ul>	<p>Oral liquid suspension or concentrate</p> <ul style="list-style-type: none"><li>• Methadose™</li><li>• Generic product</li></ul>
2	Mechanism of action?	<p><b>Opioid antagonist</b><sup>2</sup></p> <ul style="list-style-type: none"><li>• Binds to the mu-opioid receptor and blocks the reinforcing effects of opioids in the brain (urge to use the drug repeatedly to experience pleasure or relieve withdrawal)</li><li>• No opioid-like activity</li></ul>	<p><b>Partial opioid agonist</b><sup>2</sup></p> <ul style="list-style-type: none"><li>• Binds to the mu-opioid receptor and blocks the reinforcing effects of opioids in the brain (urge to use the drug repeatedly to experience pleasure or relieve withdrawal)</li><li>• Has partial opioid-like activity</li></ul>	<p><b>Full opioid agonist</b><sup>2</sup></p> <ul style="list-style-type: none"><li>• Binds to the mu-opioid receptor and blocks the reinforcing effects of opioids in the brain (urge to use the drug repeatedly to experience pleasure or relieve withdrawal)</li><li>• Has full opioid-like activity</li></ul>
3	Permitted treatment providers and locations?	<ul style="list-style-type: none"><li>• Any licensed prescriber</li><li>• All outpatient, inpatient and community-based locations</li></ul>	<ul style="list-style-type: none"><li>• Any prescriber licensed to prescribe Schedule III controlled medications</li><li>• All outpatient, inpatient and community-based locations</li></ul>	<ul style="list-style-type: none"><li>• Any prescriber licensed to prescribe Schedule II and III controlled medications and only at certified and licensed opioid-treatment programs</li></ul> <p>Exception: Methadone may be utilized for management of opioid use disorder (OUD) in acute-care hospitals under specific circumstances.<sup>3</sup></p>

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Effects of each MOUD				
4	Reverses acute opioid overdose?	• No. Administer <b>naloxone</b> during opioid overdose to restore breathing and other biological functions. All individuals with OUD should have access to naloxone and know how to use it.		
5	Used in management of opioid withdrawal?	No <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>
6	Used for ongoing treatment of OUD?	Yes. Following a 7-to-10-day opioid-free interval. <sup>4</sup>	Yes. Opioid-free period is not needed. <sup>4</sup>	Yes. Opioid-free period is not needed. <sup>4</sup>
7	Improves treatment retention and participation?	Yes. Use of naltrexone improves retention when compared to no use of MOUD. <sup>5,6</sup>	Yes. Of all three MOUDs, buprenorphine shows second strongest positive effect upon treatment retention and participation. <sup>5,6</sup>	Yes. Of all three MOUDs, methadone shows strongest positive effect upon treatment retention and participation. <sup>5,6</sup>
8	Reduces mortality?			
9	Reduces overdose mortality while receiving MOUD?	Likely, though studies are contradictory <sup>7,8</sup>	Yes <sup>9</sup>	Yes <sup>9</sup>
10	Reduces all-cause mortality (i.e., death related to any cause)?	Likely, though studies are contradictory <sup>10,12</sup>	Yes, 66% reduction <sup>13</sup>	Yes, 53% reduction <sup>13</sup>
11	Improves physical health?			
12	Reduces infectious diseases, such as HIV, hepatitis B virus (HBV), hepatitis C virus (HCV) and sexually transmitted diseases (STDs)?	Yes <sup>14,15</sup> <ul style="list-style-type: none"><li>• Decreases high-risk drug-injection activities</li><li>• Increases adherence to antiviral medications</li></ul>	Yes <sup>15,16</sup> <ul style="list-style-type: none"><li>• Decreases both high-risk drug use and high-risk sexual activities</li><li>• Increases adherence to antiviral treatments</li></ul>	Yes <sup>15,16</sup> <ul style="list-style-type: none"><li>• Decreases both high-risk drug use and high-risk sexual activities</li><li>• Increases adherence to antiviral treatments</li></ul>
13	Reduces medical events and healthcare costs?	Yes <sup>17,18</sup>	Yes <sup>17,18</sup>	Yes <sup>17,18</sup>
14	Improves self-reported overall physical health?	Yes <sup>19</sup>	Yes <sup>19</sup>	Yes <sup>19</sup>
15	Improves mental health?			
16	Improves overall mental health?	Likely, though studies are contradictory <sup>20,21</sup>	Yes <sup>22</sup>	Yes <sup>22</sup>
17	Decreases suicidality?	Yes <sup>23</sup>	Yes <sup>23</sup>	Yes <sup>23</sup>
18	Improves social functioning?			
19	Decreases illegal activities?	Likely, though studies are contradictory <sup>24,25</sup>	Yes <sup>26</sup>	Yes <sup>26</sup>
20	Decreases unemployment?	Yes <sup>27</sup>	Yes <sup>27,28</sup>	Yes <sup>29</sup>
21	Improves overall quality of life?	Yes <sup>24</sup>	Yes <sup>30,31</sup>	Yes <sup>31</sup>
22	Impacts on OUD symptoms and drivers and continued use (cycle of addiction)?			
23	Decreases non-medical use of opioids (non-medical use includes use of illicit opioids and inappropriate use of prescribed opioids)?	Yes <sup>32</sup>	Yes <sup>32</sup>	Yes <sup>33</sup>
24	Blocks intoxicating effects of opioids?	Yes <sup>34</sup>	Yes <sup>34</sup>	Yes <sup>34</sup>
25	Decreases cravings for opioids?	Yes <sup>35</sup>	Yes <sup>35</sup> <ul style="list-style-type: none"><li>• Higher doses associated with fewer cravings</li></ul>	Yes <sup>35</sup> <ul style="list-style-type: none"><li>• Higher doses associated with fewer cravings</li></ul>
26	Blocks withdrawal symptoms?	No <sup>34</sup>	Yes <sup>34</sup>	Yes <sup>34</sup>
27	Impacts use of other substances?	Yes <sup>36</sup> <ul style="list-style-type: none"><li>• FDA-approved for treatment of alcohol use disorder</li><li>• Decreases acute alcohol-related events</li></ul>	Yes <sup>36,37</sup> <ul style="list-style-type: none"><li>• Decreases acute alcohol-related events</li></ul>	Yes <sup>36,37</sup> <ul style="list-style-type: none"><li>• Decreases acute alcohol-related events</li></ul>


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Prescribing specifics for each MOUD				
28	FDA-approved age range?	Ages 18 and up <ul style="list-style-type: none"><li>• “Off-label” for those younger than 18</li></ul>	Ages 16 and up <ul style="list-style-type: none"><li>• “Off-label” for those younger than 16</li></ul>	Ages 16 and up <ul style="list-style-type: none"><li>• “Off-label” for those younger than 16</li></ul>
29	Recommended duration of treatment? <i>Longer duration of MOUD treatment is associated with better outcomes, including reduced mortality.</i>	No maximum duration <sup>3</sup> <ul style="list-style-type: none"><li>• Risk of relapse and lethal overdose after discontinuation<sup>4</sup></li></ul>	No maximum duration <sup>3</sup> <ul style="list-style-type: none"><li>• Risk of relapse and lethal overdose after discontinuation<sup>4</sup></li></ul>	No maximum duration <sup>3</sup> <ul style="list-style-type: none"><li>• Risk of relapse and lethal overdose after discontinuation<sup>4</sup></li></ul>
30	Common side effects? <sup>38,39,40</sup> <i>All forms of MOUD are generally safe and well-tolerated by most people.</i>	<ul style="list-style-type: none"><li>• Abdominal distress</li><li>• Anxiety</li><li>• Elevated liver enzymes</li><li>• Headache</li><li>• Injection-site pain (from injectable form of this MOUD)</li><li>• Insomnia</li><li>• Joint or muscle pain</li><li>• Tiredness</li></ul>	<ul style="list-style-type: none"><li>• Back pain</li><li>• Constipation</li><li>• Insomnia</li><li>• Nasal congestion, sneezing, coughing</li><li>• Oral discomfort and/or dental problems (from oral forms of this MOUD)</li><li>• Injection site pain (from injectable form of this MOUD)</li><li>• Risk of misuse if not effectively supervised</li></ul>	<ul style="list-style-type: none"><li>• Constipation</li><li>• Decreased respiration</li><li>• Difficulty with urination</li><li>• Dry mouth</li><li>• Multiple interactions with other medications</li><li>• QTc prolongation (abnormal heart rhythm)</li><li>• Sedation</li><li>• Risk of misuse if not effectively supervised</li></ul>
31	Contraindications? <sup>3</sup> <i>i.e., symptoms, health conditions or circumstances which usually prevent use of MOUD</i>	<ul style="list-style-type: none"><li>• Allergy to this MOUD</li><li>• Active hepatitis</li><li>• Current tolerance to opioid agonists or partial agonists</li><li>• Individuals receiving opioid analgesics (painkillers) for medical conditions</li><li>• Individuals in acute opioid withdrawal</li></ul>	Allergy to this MOUD	<ul style="list-style-type: none"><li>• Allergy to this MOUD</li><li>• Respiratory depression</li><li>• Severe bronchial asthma and/or elevated carbon dioxide</li><li>• Paralytic ileus (paralysis of intestine muscles, causing constipation)</li></ul>
32	Appropriate for use during pregnancy?	Not recommended <sup>41</sup>	Strongly recommended <sup>41</sup> <ul style="list-style-type: none"><li>• Associated with improved outcomes for mother and infant<sup>3</sup></li></ul>	Strongly recommended <sup>41</sup> <ul style="list-style-type: none"><li>• Associated with improved outcomes for mother and infant<sup>3</sup></li></ul>
33	Potential for diversion? <i>i.e., being used for unintended purposes or illegal distribution</i>	None <sup>15</sup>	<ul style="list-style-type: none"><li>• Low, if monitored according to guidelines</li><li>• None, if long-acting injectable form of this MOUD is used<sup>15</sup></li></ul>	Low, if monitored according to guidelines <sup>15</sup>
34	Health insurance coverage? <i>Always contact the insurance provider to confirm coverage and potential out-of-pocket costs for MOUD treatment.</i>	<ul style="list-style-type: none"><li>• Generic forms are broadly covered by Medicaid, Medicare and private insurance.</li><li>• Non-generic forms frequently require prior authorization and/or have high co-insurance fees.</li><li>• There may be different coverage for other components of treatment, such as administration of medication, drug screening, counseling and case management.</li></ul>		<ul style="list-style-type: none"><li>• This medication is broadly covered by Medicaid, Medicare and private insurance.</li><li>• There may be different coverage for other components of treatment, such as administration of medication, drug screening, counseling and case management.</li></ul>

04



MOUD supports each person’s process of recovery and wellness		
35	How does MOUD support other components of comprehensive recovery, including informed choice?	<p><b>All MOUDs help people:</b></p> <ul style="list-style-type: none"><li>• Block the intoxicating, euphoric and reinforcing effects from non-medical opioid use.</li><li>• Reduce or eliminate non-medical opioid use as a maladaptive coping strategy to deal with the physical and emotional discomforts and stresses of life.</li><li>• Manage cravings and other biological urges to continue using opioids.</li><li>• Relieve symptoms of withdrawal that drive continued use.</li><li>• Restore balance to functions of the brain and nervous system that were harmed by opioid use.</li></ul> <p><b>All MOUDs enable individuals with opioid use disorder to make informed decisions that are not clouded by craving, drug use, intoxication or withdrawal, which allows them to:</b></p> <ul style="list-style-type: none"><li>• Choose the best service options available from a menu of medical and psychosocial interventions, such as individual and group counseling, psychotherapy, peer-support services, 12-step groups and other mutual-help programs.</li><li>• Improve physical and mental health and functioning.</li><li>• Discover and use non-opioid-based methods to cope with stress and trauma, including traumatic experiences from childhood, adolescence and adulthood.</li><li>• Succeed in repairing damaged relationships with those who may have been harmed by their opioid use.</li><li>• Establish new, healthy relationships.</li><li>• Maintain employment and meet financial obligations.</li></ul>
36	Where to get more resources about MOUD?	 Visit our website to obtain a list of cited references, to order copies of this printed poster and to download a free PDF of the poster, companion booklet and other MOUD-related tools.

