

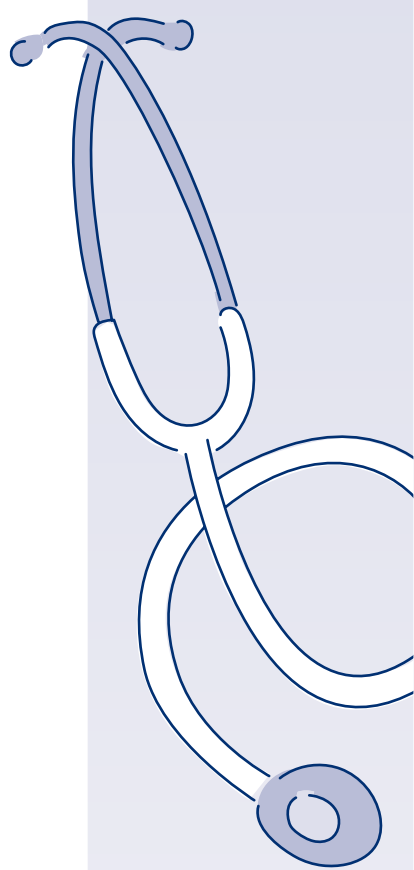


01



		Naltrexone	Buprenorphine	Methadone
1	Route of administration and brand names?	Oral tablet or capsule • ReVia™ • Generic product Injection: intramuscular (IM), long-acting and extended release (four weeks) • Vivitrol™ <i>Research shows better outcomes with long-acting injection.¹</i>	Oral sublingual film (buprenorphine-naloxone combination product) • Suboxone™ • Generic product Oral sublingual tablet (buprenorphine-naloxone combination product) • Suboxone™ • Zubsolv™ • Generic product Oral buccal film (buprenorphine-naloxone combination; placed inside mouth between cheek and upper gum) • Bunavail™ • Generic product Oral sublingual tablet (buprenorphine monoproduct) • Subutex™ • Generic product Injection: subcutaneous, extended release (buprenorphine monoproduct) • Sublocade™ • Brixadi™	Oral liquid suspension or concentrate • Methadose™ • Generic product
2	Mechanism of action?	Opioid antagonist² • 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) • No opioid-like activity	Partial opioid agonist² • 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) • Has partial opioid-like activity	Full opioid agonist² • 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) • Has full opioid-like activity
3	Permitted treatment providers and locations?	• Any licensed prescriber • All outpatient, inpatient and community-based locations	• Any prescriber licensed to prescribe Schedule III controlled medications • All outpatient, inpatient and community-based locations	• Any prescriber licensed to prescribe Schedule II and III controlled medications and only at certified and licensed opioid-treatment programs Exception: Methadone may be utilized for management of opioid use disorder (OUD) in acute-care hospitals under specific circumstances.³

02



Effects of each MOUD				
4	Reverses acute opioid overdose?	• No. Administer naloxone 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 ⁴	Yes ⁴	Yes ⁴
6	Used for ongoing treatment of OUD?	Yes. Following a 7-to-10-day opioid-free interval. ⁴	Yes. Opioid-free period is not needed. ⁴	Yes. Opioid-free period is not needed. ⁴
7	Improves treatment retention and participation?	Yes. Use of naltrexone improves retention when compared to no use of MOUD. ^{5,6}	Yes. Of all three MOUDs, buprenorphine shows second strongest positive effect upon treatment retention and participation. ^{5,6}	Yes. Of all three MOUDs, methadone shows strongest positive effect upon treatment retention and participation. ^{5,6}
8	Reduces mortality?			
9	Reduces overdose mortality while receiving MOUD?	Likely, though studies are contradictory ^{7,8}	Yes ⁹	Yes ⁹
10	Reduces all-cause mortality (i.e., death related to any cause)?	Likely, though studies are contradictory ^{10,12}	Yes, 66% reduction ¹³	Yes, 53% reduction ¹³
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 ^{14,15} • Decreases high-risk drug-injection activities • Increases adherence to antiviral medications	Yes ^{15,16} • Decreases both high-risk drug use and high-risk sexual activities • Increases adherence to antiviral treatments	Yes ^{15,16} • Decreases both high-risk drug use and high-risk sexual activities • Increases adherence to antiviral treatments
13	Reduces medical events and healthcare costs?	Yes ^{17,18}	Yes ^{17,18}	Yes ^{17,18}
14	Improves self-reported overall physical health?	Yes ¹⁹	Yes ¹⁹	Yes ¹⁹
15	Improves mental health?			
16	Improves overall mental health?	Likely, though studies are contradictory ^{20,21}	Yes ²²	Yes ²²
17	Decreases suicidality?	Yes ²³	Yes ²³	Yes ²³
18	Improves social functioning?			
19	Decreases illegal activities?	Likely, though studies are contradictory ^{24,25}	Yes ²⁶	Yes ²⁶
20	Decreases unemployment?	Yes ²⁷	Yes ^{27,28}	Yes ²⁹
21	Improves overall quality of life?	Yes ²⁴	Yes ^{30,31}	Yes ³¹
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 ³²	Yes ³²	Yes ³³
24	Blocks intoxicating effects of opioids?	Yes ³⁴	Yes ³⁴	Yes ³⁴
25	Decreases cravings for opioids?	Yes ³⁵	Yes ³⁵ • Higher doses associated with fewer cravings	Yes ³⁵ • Higher doses associated with fewer cravings
26	Blocks withdrawal symptoms?	No ³⁴	Yes ³⁴	Yes ³⁴
27	Impacts use of other substances?	Yes ³⁶ • FDA-approved for treatment of alcohol use disorder • Decreases acute alcohol-related events	Yes ^{36,37} • Decreases acute alcohol-related events	Yes ^{36,37} • Decreases acute alcohol-related events

03



Prescribing specifics for each MOUD				
28	FDA-approved age range?	Ages 18 and up • “Off-label” for those younger than 18	Ages 16 and up • “Off-label” for those younger than 16	Ages 16 and up • “Off-label” for those younger than 16
29	Recommended duration of treatment? <i>Longer duration of MOUD treatment is associated with better outcomes, including reduced mortality.</i>	No maximum duration ³ • Risk of relapse and lethal overdose after discontinuation⁴	No maximum duration ³ • Risk of relapse and lethal overdose after discontinuation⁴	No maximum duration ³ • Risk of relapse and lethal overdose after discontinuation⁴
30	Common side effects? ^{38,39,40} <i>All forms of MOUD are generally safe and well-tolerated by most people.</i>	• Abdominal distress • Anxiety • Elevated liver enzymes • Headache • Injection-site pain (from injectable form of this MOUD) • Insomnia • Joint or muscle pain • Tiredness	• Back pain • Constipation • Insomnia • Nasal congestion, sneezing, coughing • Oral discomfort and/or dental problems (from oral forms of this MOUD) • Injection site pain (from injectable form of this MOUD) • Risk of misuse if not effectively supervised	• Constipation • Decreased respiration • Difficulty with urination • Dry mouth • Multiple interactions with other medications • QTc prolongation (abnormal heart rhythm) • Sedation • Risk of misuse if not effectively supervised
31	Contraindications? ³ <i>i.e., symptoms, health conditions or circumstances which usually prevent use of MOUD</i>	• Allergy to this MOUD • Active hepatitis • Current tolerance to opioid agonists or partial agonists • Individuals receiving opioid analgesics (painkillers) for medical conditions • Individuals in acute opioid withdrawal	Allergy to this MOUD	• Allergy to this MOUD • Respiratory depression • Severe bronchial asthma and/or elevated carbon dioxide • Paralytic ileus (paralysis of intestine muscles, causing constipation)
32	Appropriate for use during pregnancy?	Not recommended ⁴¹	Strongly recommended ⁴¹ • Associated with improved outcomes for mother and infant³	Strongly recommended ⁴¹ • Associated with improved outcomes for mother and infant³
33	Potential for diversion? <i>i.e., being used for unintended purposes or illegal distribution</i>	None ¹⁵	• Low, if monitored according to guidelines • None, if long-acting injectable form of this MOUD is used¹⁵	Low, if monitored according to guidelines ¹⁵
34	Health insurance coverage? <i>Always contact the insurance provider to confirm coverage and potential out-of-pocket costs for MOUD treatment.</i>	• Generic forms are broadly covered by Medicaid, Medicare and private insurance. • Non-generic forms frequently require prior authorization and/or have high co-insurance fees. • There may be different coverage for other components of treatment, such as administration of medication, drug screening, counseling and case management.		• This medication is broadly covered by Medicaid, Medicare and private insurance. • There may be different coverage for other components of treatment, such as administration of medication, drug screening, counseling and case management.

04



MOUD supports each person’s process of recovery and wellness		
35	How does MOUD support other components of comprehensive recovery, including informed choice?	All MOUDs help people: • Block the intoxicating, euphoric and reinforcing effects from non-medical opioid use. • Reduce or eliminate non-medical opioid use as a maladaptive coping strategy to deal with the physical and emotional discomforts and stresses of life. • Manage cravings and other biological urges to continue using opioids. • Relieve symptoms of withdrawal that drive continued use. • Restore balance to functions of the brain and nervous system that were harmed by opioid use. 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: • 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. • Improve physical and mental health and functioning. • Discover and use non-opioid-based methods to cope with stress and trauma, including traumatic experiences from childhood, adolescence and adulthood. • Succeed in repairing damaged relationships with those who may have been harmed by their opioid use. • Establish new, healthy relationships. • Maintain employment and meet financial obligations.
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.