## Comparison Table: Some Drugs for Maintenance Treatment of Opioid Use Disorder

<table>
<thead>
<tr>
<th>Drug</th>
<th>Some Available Formulations</th>
<th>Target Maintenance Dosage</th>
<th>Adverse Effects</th>
<th>Drug Interactions</th>
<th>Pregnancy/Lactation</th>
<th>Comments</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Buprenorphine</strong> – generic</td>
<td>2, 8 mg sublingual tabs</td>
<td>16 mg once/d</td>
<td>▶ Sedation/respiratory depression (less than methadone), headache, abdominal pain, constipation, nausea, vomiting, insomnia, sweating</td>
<td>▶ Coadministration of benzodiazepines or other sedating drugs can be dangerous</td>
<td>▶ Considered safe and effective for use in pregnant or breastfeeding women</td>
<td>▶ Schedule III controlled substances; can be prescribed in outpatient setting</td>
<td>$1203.40</td>
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<tr>
<td><strong>Probuphine (Titan)</strong></td>
<td>74.2 mg subdermal implants</td>
<td>4 implants for 6 months</td>
<td>▶ Probuphine: implant-site pain, pruritus, and erythema; insertion and removal of drug-eluting implants has been associated with nerve injury and implant migration and extrusion</td>
<td>▶ Buprenorphine without naloxone is preferred</td>
<td>▶ Generally considered the maintenance treatment of choice; similar in efficacy to methadone at higher doses</td>
<td>▶ Probuphine: approved for 6 or 12 months' treatment in patients stabilized on ≤8 mg/d of buprenorphine; drug levels are similar to those with 8 mg/d of sublingual buprenorphine; REMS certification is required for prescribers</td>
<td>$4950.00</td>
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<tr>
<td><strong>Buprenorphine/Naloxone</strong> – generic</td>
<td>2/0.5, 8/2 mg sublingual tabs</td>
<td>16/4 mg once/d</td>
<td>▶ Suboxone (Reckitt Benckiser): 2/0.5, 4/1, 8/2, 12/3 mg sublingual films</td>
<td>▶ Concurrent use of other serotonergic drugs can result in serotonin syndrome</td>
<td>▶ Formulations without naloxone are preferred for use in breastfeeding women</td>
<td>▶ Efficacy of naloxone-containing formulations may be reduced in patients with severe hepatic impairment</td>
<td>$2813.90</td>
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<tr>
<td><strong>Zubsolv (Orexo)</strong></td>
<td>1.4/0.36, 5.7/1.4 mg sublingual tabs</td>
<td>11.4/2.8 mg once/d</td>
<td>▶ Suboxone: oral mucosal erythema</td>
<td>▶ Concurrent use of other QT interval-prolonging drugs can cause arrhythmias such as torsades de pointes</td>
<td></td>
<td>▶ Zubsolv 5.7/1.4 mg and Zubsolv 5.7/1.4 mg produce systemic buprenorphine levels equivalent to those seen with 8 mg of other buprenorphine formulations</td>
<td>$2793.60</td>
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<tr>
<td><strong>Methadone</strong> – generic</td>
<td>5, 10 mg tabs; 5, 10 mg/5 mL oral solution, 10 mg/mL oral concentrate, 40 mg tabs for oral suspension</td>
<td>80-120 mg once/d (some rapid metabolizers may require more frequent dosing)</td>
<td>▶ Methadone: 5, 10 mg tabs; 5, 10 mg/5 mL oral solution, 10 mg/mL oral concentrate, 40 mg tabs for oral suspension</td>
<td>▶ Coadministration of benzodiazepines or other sedating drugs can be dangerous</td>
<td>▶ Generally considered safe and effective for use in pregnant or breastfeeding women</td>
<td>▶ Schedule II controlled substance; only available for treatment of opioid use disorder through opioid treatment programs with supervised dosing</td>
<td>$73.50a</td>
</tr>
<tr>
<td><strong>Dolophine (Roxane)</strong></td>
<td>5, 10 mg tabs</td>
<td></td>
<td>▶ Drug accumulates for 4-7 days during induction; respiratory depressive effect peaks later and lasts longer than analgesic effect</td>
<td>▶ Shown to reduce mortality in clinical trials; should be used when buprenorphine is unavailable or ineffective and in patients who would benefit from supervised dosing</td>
<td></td>
<td>▶ Federal law prohibits initial doses ≤30 mg or first daily doses ≤40 mg</td>
<td>$850.80</td>
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<td>Naltrexone – generic</td>
<td>50 mg tabs</td>
<td>50 mg once/d</td>
<td>Generally well tolerated; nasopharyngitis, insomnia, headache, nausea, and toothache are most commonly reported</td>
<td>Blocks effects of usual doses of opioids, including antidiarrheals and antitussives</td>
<td>Data on safety and efficacy in pregnancy are limited; women at high risk for relapse can generally continue treatment</td>
<td>▶ Not a controlled substance</td>
<td>$371.00</td>
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<td></td>
<td>380 mg ER suspension for injection</td>
<td>380 mg IM in alternating buttocks q4 wks or once/mo</td>
<td>Rarely: depressed mood/ suicidality (cause and effect not established), hepatotoxicity (occurs frequently in opioid- and alcohol-dependent patients)</td>
<td>Can precipitate severe withdrawal in patients with physiological opioid dependence; patients should be free of dependence for ≥7 days before initiation</td>
<td>Women taking naltrexone should not breastfeed; the drug passes into breast milk to a clinically significant extent</td>
<td>▶ ER naltrexone is an alternative for highly motivated patients who do not have access to buprenorphine or methadone, or do not want to take an opioid, and for those who also have alcohol use disorder.</td>
<td>$1648.90</td>
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<td>Vivitrol: injection-site reactions</td>
<td>Discontinue 72 hours (oral formulation) or 30 days (IM formulation) before elective surgery</td>
<td>Adherence is poor with oral naltrexone; it has generally only been effective in patients who were legally required to take the drug.</td>
<td>▶ Vivitrol: must be refrigerated; use within 7 days of removing from refrigerator (do not expose to temperatures &gt;77°F)</td>
<td>$7854.00</td>
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3. To reduce the risk of drug diversion, the liquid formulation, diluted in colored water or juice, is generally used in treatment programs.