

Treatment Resources

MEDICATIONS FOR OPIOID USE DISORDER

How do medications for OUD work?

Medications for opioid use disorder (MOUD) interact with opioid receptors in the brain by either filling, partially filling, or blocking the receptor. In this way, these medications lessen if not fully eliminate the pain and chaos of withdrawal symptoms, reduce overdose risk, and improve the quality of life so you can focus on other aspects of recovery.

Types of MOUD

There are currently three types of medications that are FDA approved for treating OUD. Each medication is different and like most medications that work within the brain, they take some time to yield full therapeutic effects. Talk to your doctor about your recovery goals, your lifestyle, and your accessibility needs to find a medication option that is going to work best for you and your recovery.

	Buprenorphine	Methadone	Naltrexone
How it works	Buprenorphine helps manage cravings and reduce withdrawal symptoms by only partially binding to the opioid receptor. Buprenorphine's effects will plateau and will not increase even with repeated dosing, giving buprenorphine a low overdose potential.	Methadone fully occupies opioid receptors which helps manage opioid cravings and withdrawal symptoms. Because it is a highly regulated medication with known strength and purity, it provides a stable and consistent effect. Methadone also helps lower the risk of overdose by maintaining opioid tolerance, but taking substances that suppress breathing (opioids, alcohol, benzodiazepines) creates higher risk of overdose than buprenorphine.	Naltrexone can help reduce cravings by blocking the effects of opioids by binding more strongly to the receptor than the opioids. Naltrexone does not maintain an opioid tolerance for the patient who will be at increased overdose risk should they have a recurrence of use after stopping this medication. Med compliance and follow up monthly injections are crucial for the success of this therapy.
Administration	Available as a monthly injection (Sublocade®) or formulated as a combination product with naloxone as a sublingual film (Suboxone®) taken 1-3 times a day and dissolved under the tongue.	Taken orally 1-2 times a day in either tablet or liquid form. It is only available at Federally qualified clinics or hospitals that offers a methadone program. Early doses of methadone are administered under supervision in clinic by staff. Take-home doses are considered a privilege that is earned over time.	Available as a tablet to be taken once daily but more commonly as an extended release monthly injection (Vivitrol®) administered at a clinic.
Considerations	Even though a combination product like Suboxone® contains amounts of naloxone in its formulation, Suboxone® should not be used to reverse an overdose. Only use naloxone to reverse an opioid overdose.	Because it is highly regulated, and only available at Federally qualified medical facilities, methadone is not always accessible option for those living in more rural locations or who do not transportation access.	Naltrexone should not be started until opioid use has stopped for 7-10 days to avoid causing acute withdrawal. Naltrexone has not been shown to decrease risk of opioid overdose and death.

All medications can have side effects. Your doctor can review possible side effects, drug interactions, and any concerns based on the other medications you take. Share if you've tried medications for opioid use disorder before, including side effects and what did or didn't work. If a standard dose wasn't effective, higher-dose options may be available. Let your provider know if you are pregnant or planning to become pregnant; medications are still available and your medical team can help choose the safest option for you.