The Medical Letter®
on Drugs and Therapeutics

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

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Drug	Some Available Formulations	Target Maintenance Dosage	Adverse Effects	Drug Interactions	Pregnancy/Lactation	Comments	Cost[1]
Buprenorphine – generic	2, 8 mg sublingual tabs	16 mg once/day[2]	▸ Sedation/respiratory depression (less than methadone), headache, abdominal pain, constipation, nausea, vomiting, insomnia, sweating ▸ *Brixadi* and *Sublocade*: injection-site reactions	▸ Coadministration of benzodiazepines or other sedating drugs can be dangerous ▸ Inducers of CYP3A4 can reduce buprenorphine levels, and inhibitors of CYP3A4 can increase them ▸ Concurrent use of other serotonergic drugs can result in serotonin syndrome ▸ May interfere with analgesic activity of full opioid agonists	▸ Generally considered safe and effective in pregnant women, but efficacy data with buprenorphine/naloxone are limited ▸ Buprenorphine monotherapy is considered safe and effective for use in breastfeeding women	▸ Buprenorphine is a schedule III controlled substance; can be prescribed in outpatient setting ▸ Generally considered the maintenance treatment of choice; similar in efficacy to methadone at higher doses ▸ *Brixadi:* can be stored at room temperature; steady-state buprenorphine levels with 32 mg once weekly or 128 mg once monthly ~60% higher than those with 24 mg/day of sublingual tabs ▸ *Sublocade*: refrigerate during storage (discard if left at room temperature for >7 days); steady-state buprenorphine levels with target dosage ~10% higher than those with 24 mg/day of sublingual tabs ▸ Efficacy of naloxone-containing formulations may be reduced in patients with severe hepatic impairment ▸ *Zubsolv* 5.7/1.4 mg produces systemic buprenorphine levels equivalent to those seen with 8 mg of other buprenorphine formulations	$132.70
Brixadi (Braeburn)[3]	Weekly: 8 mg/0.16 mL, 16 mg/0.32 mL, 24 mg/0.48 mL, 32 mg/0.64 mL prefilled syringes	24 or 32 mg SC once/week					1660.00
	Monthly: 64 mg/0.18 mL, 96 mg/0.27 mL, 128 mg/0.36 mL prefilled syringes	96 or 128 mg SC q28 days					1595.00
Sublocade (Indivior)[4]	100 mg/0.5 mL, 300 mg/1.5 mL prefilled syringes	100 or 300 mg SC once/month[5]					1920.50
Buprenorphine/Naloxone – generic	2/0.5, 8/2 mg sublingual tabs, films	16/4 mg SL once/day[2]					184.60[6]
Suboxone (Indivior)	2/0.5, 4/1, 8/2, 12/3 mg sublingual films	16/4 mg SL once/day[2]					538.80
Zubsolv (Orexo)	0.7/0.18, 1.4/0.36, 2.9/0.71, 5.7/1.4, 8.6/2.1, 11.4/2.9 mg sublingual tabs	11.4/2.9 SL mg once/day[2]					588.90

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Methadone – generic	5, 10 mg tabs; 5, 10 mg/5 mL oral solution; 10 mg/mL oral concentrate; 40 mg tabs for oral suspension[7]	80-120 mg PO once/day[8]	▸ Sedation/respiratory depression, constipation, lightheadedness, dizziness, sedation, nausea, vomiting, sweating, QT-interval prolongation and (rarely) arrhythmias such as torsades de pointes	▸ Coadministration of benzodiazepines or other sedating drugs can be dangerous ▸ Inducers of CYP3A4 or 2B6 can reduce methadone levels, and inhibitors of CYP3A4 or 2B6 can increase them ▸ Concurrent use of other serotonergic drugs can result in serotonin syndrome ▸ Concurrent use of other QT interval-prolonging drugs can cause arrhythmias such as torsades de pointes	▸ Generally considered safe and effective for use in pregnant or breastfeeding women	▸ Schedule II controlled substance; only available for treatment of opioid use disorder through opioid treatment programs with supervised dosing ▸ Shown to reduce mortality in clinical trials, but respiratory depression and drug interactions are a concern ▸ Drug accumulates for 4-7 days during induction; respiratory depressant effect peaks later and lasts longer than analgesic effect ▸ Federal law prohibits initial doses >30 mg or first daily doses >40 mg, unless physician documents insufficient suppression of abstinence symptoms	$99.60[9]
Naltrexone – generic	50 mg tabs	50 mg once/day	▸ Generally well tolerated; nasopharyngitis, insomnia, headache, nausea, and toothache are most commonly reported ▸ Rarely: depressed mood/suicidality (cause and effect not established), hepatotoxicity (occurs frequently in opioid- and alcohol-dependent patients) ▸ *Vivitrol*: injection-site reactions	▸ Blocks effects of usual doses of opioids, including antidiarrheals and antitussives ▸ Can precipitate severe withdrawal in patients with physiological opioid dependence; patients should be free of dependence for ≥7 days before initiation ▸ Discontinue 72 hours (oral formulation) or 30 days (IM formulation) before elective surgery	▸ Data on safety and efficacy in pregnancy are limited; women at high risk for relapse who become pregnant can generally continue treatment ▸ Challenge doses to test for opioid dependence are contraindicated during pregnancy ▸ Transfer into breast milk appears to be minimal, but clinical data are limited	▸ Not a controlled substance ▸ 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 ▸ Adherence is poor with oral naltrexone; it has generally only been effective in patients who were legally required to take the drug ▸ Has not been conclusively shown to reduce mortality ▸ *Vivitrol*: must be refrigerated; use within 7 days of removing from refrigerator (do not expose to temperatures >77°F)	53.40
extended-release – *Vivitrol* (Alkermes)	380 mg extended-release suspension	380 mg IM once/month					1590.20

1. Approximate WAC for 4 weeks' or 1 month's treatment at the lowest target maintenance dosage. WAC = wholesaler acquisition cost or manufacturer's published price to wholesalers; WAC represents a published catalogue or list price and may not represent an actual transactional price. Source: AnalySource® Monthly. August 5, 2023. Reprinted with permission by First Databank, Inc. All rights reserved. ©2023. www.fdbhealth.com/policies/drug-pricing-policy.
2. Some patients may require maintenance doses of up to 24 mg/day (17.1 mg/day with *Zubsolv*). Data supporting the efficacy of doses >24 mg/day are limited.
3. Approved for treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a single dose of transmucosal buprenorphine product or who are already being treated with buprenorphine.
4. Approved for treatment of moderate to severe opioid use disorder in patients who have received treatment with a transmucosal buprenorphine-containing product for ≥7 days with dose adjustment to 8-24 mg/day of buprenorphine sublingual tablets or equivalent. Not approved for initial treatment.
5. 300 mg/month for the first two doses. The 300-mg monthly maintenance dose is recommended if patients do not have a satisfactory clinical response to the 100-mg dose.
6. Cost of sublingual tablets.
7. To reduce the risk of drug diversion, the liquid formulation, diluted in colored water or juice, is generally used in treatment programs.
8. Some rapid metabolizers may require more frequent dosing.
9. Cost of oral concentrate.