

## **COMPARISON OF FDA-APPROVED MEDICATION-ASSISTED TREATMENTS FOR OPIOID DEPENDENCE**

<b>GENERIC NAME</b>	<b>methadone hydrochloride</b>	<b>naltrexone hydrochloride</b>	<b>buprenorphine hydrochloride</b>
<b>MARKETED AS</b>	Methadose®/Dolophine®	ReVia®/Depade®	Subutex®/Suboxone®
<b>YEAR OF FDA-APPROVAL</b>	1964	1984	2002
<b>INDICATION</b>	for the treatment of moderate to severe pain not responsive to non-narcotic analgesics; for detoxification treatment of opioid addiction; for maintenance treatment of opioid addiction, in conjunction with appropriate social and medical services	for the treatment of alcohol dependence and for the blockade of the effects of exogenous administered opioids	for the treatment of opioid dependence
<b>PURPOSE</b>	to discourage illicit opioid use due to cravings or the desire to alleviate opioid withdrawal symptoms	to discourage opioid use by reducing or eliminating the euphoric effects experienced by consuming opioids intravenously	to discourage illicit opioid use due to cravings or the desire to alleviate opioid withdrawal symptoms
<b>DOSAGE</b>	after an appropriate dosage has individually been identified for the client, he or she should take between 80 to 120mg per day	50mg once a day by mouth; can be crushed, diluted or mixed with food	a single dose administered sublingually in a range of four to 24mg per day; tablets should be placed under the tongue until they are completely dissolved; cannot be taken with food, crushed, halved or diluted in liquid
<b>MECHANISM OF ACTION</b>	<i>opioid receptor agonist</i> – activates opioid receptors much like illicit opioids and suppresses withdrawal symptoms produced by physical dependence to opioids	<i>opioid receptor antagonist</i> – blocks opioid receptors so any opioids administered after will have no effect	<i>opioid receptor partial agonist</i> - activates opioid receptors much like illicit opioids and suppresses withdrawal symptoms produced by physical dependence to opioids
<b>ABSTINENCE REQUIREMENTS</b>	must be abstinent from opioids long enough to experience mild to moderate opioid withdrawal symptoms; this period of abstinence will vary depending on previous opioids used and level of dependency	must be abstinent from opioids for at least seven to ten days prior to treatment initiation; if the patient is not opioid-free, administering naltrexone will precipitate withdrawal	must be abstinent from opioids long enough to experience mild to moderate opioid withdrawal symptoms; this period of abstinence will vary depending on previous opioids used and level of dependency
<b>RECOMMENDED LENGTH OF TREATMENT</b>	the FDA has not limited the length of treatment	the FDA has not limited the length of treatment	the FDA has not limited the length of treatment
<b>COUNSELING RECOMMENDATIONS</b>	should be used in conjunction with a comprehensive psychosocial treatment program, although not required by law	should be used in conjunction with a comprehensive psychosocial treatment program	should be used in conjunction with a comprehensive psychosocial treatment program, although not required by law

# CONTRAINDICATIONS AND DRUG INTERACTIONS FOR BUPRENORPHINE

## CONTRAINDICATIONS

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- Buprenorphine should not be administered to patients who have previously shown hypersensitivity to buprenorphine hydrochloride or any other components of the medication. Suboxone should not be administered to clients who have previously shown hypersensitivity to naloxone hydrochloride.
- Naltrexone should not be administered to patients receiving opioid analgesics or actively using opioids.
- Buprenorphine is NOT contraindicated for patients who have hepatic (liver) impairment, but caution should be exercised when using buprenorphine with this population.
- Buprenorphine is NOT contraindicated for patients who have renal (kidney) impairment, but the effects of naloxone with clients with renal failure are unknown.
- Although NOT contraindicated, caution should be exercised with elderly or debilitated clients and those with alcohol dependence.

## SPECIAL PRECAUTIONS

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- Suboxone<sup>®</sup> contains naloxone and if misused by injecting, it is highly likely to produce marked and intense withdrawal symptoms in subjects dependent on other opioids, such as heroin, morphine or methadone. If used sublingually before the agonist effects of these opioids have worn off, the client could experience opioid withdrawal symptoms.
- Buprenorphine should be used with caution in clients with compromised respiratory function.
- Cases of cytolytic hepatitis and hepatitis with jaundice have been observed in the opioid dependent population who are treated with buprenorphine. The possibility exists that buprenorphine has a causative or contributory role in the development of the hepatic abnormality in some case, but insufficient data is available to determine the etiology. Measurements of liver function tests prior to induction is recommended to establish a baseline. Periodic monitoring of liver function during treatment is also recommended.
- Like all opioids, buprenorphine may impair the mental or physical abilities required for the performance of potentially dangerous tasks, such as driving a car or operating machinery. Clients should be particularly careful during the induction and stabilization phases while an appropriate dosage is still being discovered. Clients should be cautioned against engaging in these activities until they are certain buprenorphine has not impaired their abilities to perform such tasks.
- Like all opioids, buprenorphine may elevate cerebrospinal fluid pressure and should be used with caution in clients with head injury, intracranial lesions and other circumstances where cerebrospinal pressure may be increased. Also, buprenorphine has been shown to increase intracholedochal pressure and should be used with caution in clients with dysfunction of the biliary tract.
- Clients should inform their family members and significant others that, in the event of an emergency, the medical staff should be informed that they are physically dependent on opioids and being treated with buprenorphine.

This chart was developed by NAADAC, the Association for Addiction Professionals, and produced from Roxane Laboratories, Inc. (2006). *Dolophine (methadone hydrochloride)* [package insert]. Columbus, OH: Author.; Mallinckrodt, Inc. (2006). *Methadose (methadone hydrochloride)* [package insert]. St. Louis, OH: Author.; Duramed Pharmaceuticals, Inc. (2005). *ReVia (naltrexone hydrochloride)* [package insert]. Pomona, NY: Author.; Mallinckrodt, Inc. (2003). *Depade (naltrexone hydrochloride tablets, USP)* [package insert]. St. Louis, MO: Author.; and Reckitt Benckiser Pharmaceuticals, Inc. (2005). *Suboxone and Subutex (buprenorphine hydrochloride)* [package insert]. Richmond, VA: Author. For further explanation and information, please consult a prescriber or pharmaceutical representative. Printed 05/08.

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Addiction professionals should always direct a patient to his or her prescriber if any questions or concerns regarding prescribed medications arise.