



# CLINICAL GUIDELINES PROGRAM

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV · HCV · SUBSTANCE USE · LGBT HEALTH

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Table 1: Medications for Treatment of Opioid Use Disorder in Nonpregnant Adults [a]		
Medication [b]	Dose	Considerations for Use
<i>Preferred Medications</i>		
<p>Buprenorphine/naloxone (BUP/NLX) sub-lingual and buccal, film and tablet (multiple brands; see <a href="#">Medscape &gt; buprenorphine/naloxone</a> for more information)</p> <p><b>Mechanism:</b> Partial opioid agonist</p>	<ul style="list-style-type: none"> <li>• <b>Initial:</b> Individualized; BUP/NLX 2 mg/0.5 mg to BUP/NLX 8 mg/4 mg.</li> <li>• <b>Titration:</b> Adjust dose in increments or decrements of BUP/NLX 2 mg/0.5 mg or BUP/NLX 4 mg/1 mg to reach a level that will control the patient’s opioid cravings and withdrawal symptoms and support treatment goals.</li> <li>• <b>Maximum dose:</b> BUP/NLX 24 mg/6 mg taken once per day or split into 2 doses per day.</li> </ul>	<ul style="list-style-type: none"> <li>• By observation and/or patient report, confirm that the patient is experiencing signs and symptoms of opioid withdrawal [c].</li> <li>• Under the <i>Drug Addiction Treatment Act</i>, physicians must qualify for a waiver to prescribe BUP. Physicians must complete 8 hours of required training and an application for the waiver, and nurse practitioners, certified nurse midwives, nurse anesthetists, other advanced practice nurses, and physician assistants must complete an additional 16 hours of training (24 hours total of training). <ul style="list-style-type: none"> <li>– <b>New York State:</b> To contact qualified clinicians, call the NYS HOPEline at 1-877-8-HOPENY or use the Substance Abuse and Mental Health Services Administration (SAMHSA) national <a href="#">Buprenorphine Practitioner Locator</a>.</li> <li>– <b>New York City:</b> To contact qualified clinicians, see <a href="#">Opioid Addiction Treatment with Buprenorphine or Methadone &gt; How to Find Treatment</a>.</li> <li>– For information on applying for a waiver, contact SAMHSA or the American Society of Addiction Medicine’s <a href="#">Provider’s Clinical Support System (PCSS)</a>.</li> </ul> </li> </ul>
<p>Methadone, oral liquid (multiple brands)</p> <p><b>Mechanism:</b> Full opioid agonist</p>	<ul style="list-style-type: none"> <li>• <b>Initial:</b> Individualized dose based on opioid treatment program (OTP) evaluation.</li> <li>• <b>Titration:</b> Individualized to reach a dose that will control the patient’s opioid cravings and withdrawal symptoms and support treatment goals.</li> </ul>	<ul style="list-style-type: none"> <li>• For a list of certified OTPs in NYS, contact the <a href="#">Office of Alcoholism and Substance Abuse Services</a>.</li> </ul>
<i>Alternative Medications</i>		
<ul style="list-style-type: none"> <li>• BUP monotherapy sublingual tablet (multiple brands)</li> <li>• BUP subdermal implants (<a href="#">Probuphine</a>) [d]</li> </ul>	<ul style="list-style-type: none"> <li>• Tablets: <ul style="list-style-type: none"> <li>– <b>Initial:</b> Individualized, 2 mg to 8 mg.</li> <li>– <b>Titration:</b> Increase dose by increments of 2 mg to 4 mg daily over 3 to 4 days to reach a dose</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Under the <i>Drug Addiction Treatment Act</i>, physicians must qualify a waiver to prescribe buprenorphine. Physicians must complete 8 hours of training and an application for the waiver, and nurse practitioners and physician assistants must complete an additional 16 hours of training.</li> </ul>

Table 1: Medications for Treatment of Opioid Use Disorder in Nonpregnant Adults [a]		
Medication [b]	Dose	Considerations for Use
<ul style="list-style-type: none"> <li>BUP subcutaneous (abdominal) injection (Sublocade) [d]</li> </ul> <p><b>Mechanism:</b> Partial opioid agonist</p>	<p>that will control the patient’s opioid cravings and withdrawal symptoms.</p> <ul style="list-style-type: none"> <li>Implants: 4 upper-arm subdermal implants lasting 6 months.</li> <li>Injection:                             <ul style="list-style-type: none"> <li><b>Initial:</b> 300 mg every 4 weeks.</li> <li><b>Maintenance:</b> 100 mg to 300 mg every 4 weeks.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>New York State:</b> To contact qualified clinicians, call the NYS HOPEline at 1-877-8-HOPENY or use the Substance Abuse and Mental Health Services Administration (SAMHSA) national <i>Buprenorphine Practitioner Locator</i>.</li> <li><b>New York City:</b> To contact qualified clinicians, see <i>Opioid Addiction Treatment with Buprenorphine or Methadone &gt; How to Find Treatment</i>.</li> <li>For information on applying for a waiver, contact SAMHSA or the American Society of Addiction Medicine’s <i>Provider’s Clinical Support System (PCSS)</i>.</li> </ul>
<p>Naltrexone long-acting injectable (XR naltrexone) (Vivitrol)</p> <p><b>Mechanism:</b> Opioid antagonist</p>	<ul style="list-style-type: none"> <li>380 mg intragluteal injections every 28 days.</li> </ul>	<ul style="list-style-type: none"> <li>Inform patients of the risk of precipitated and protracted opioid withdrawal [e] if opioids are used prior to taking naltrexone.</li> <li>Emphasize the strong motivation and adherence needed for treatment success.</li> <li>Warn patients of increased risk of opioid overdose after discontinuing naltrexone, due to increased sensitivity.</li> <li>Confirm the length of time since last opioid use with an NLX challenge: Administer a single intranasal dose (2.0 mg/0.1 cc) of NLX and observe the patient’s reaction. In individuals with recent opioid use, this may precipitate opioid withdrawal.</li> <li>Prescribe a short course of oral naltrexone to confirm the patient can tolerate the medication.</li> <li>Contraindications:                             <ul style="list-style-type: none"> <li>Acute hepatitis or liver failure.</li> <li>Concomitant use of opioid analgesics or opioid agonists (e.g., methadone or buprenorphine).</li> <li>Acute opioid withdrawal.</li> <li>Positive urine test result for opioids.</li> <li>Failure of the opioid antagonist challenge test.</li> </ul> </li> </ul>
<p><b>Notes:</b></p> <p>a. For OUD treatment in pregnant individuals, see the <i>American College of Obstetrics and Gynecology (ACOG) Opinion on Opioid Use and Opioid Use Disorder in Pregnancy</i>.</p> <p>b. Consult full prescribing information for each drug before prescribing.</p> <p>c. Opioid withdrawal symptoms include increased heart rate, chills, insomnia, bone or joint aches, gastrointestinal symptoms (cramping, diarrhea, nausea, vomiting), anxiety/irritability, “goosebumps” on skin, increased sweating, restlessness, dilated pupils, runny nose or tearing, tremor, and yawning.</p> <p>d. Use for maintenance after treatment initiation with transmucosal buprenorphine and adjustment to optimal dose.</p> <p>e. When withdrawal is precipitated abruptly by the administration of an opioid antagonist to an opioid-dependent patient, the resulting withdrawal syndrome can be severe enough to require hospitalization. Symptoms of withdrawal usually appear within 5 minutes of ingestion of naltrexone and can last for up to 48 hours. Changes in mental status include confusion, somnolence, and visual hallucinations, and patients can experience significant fluid losses from vomiting and diarrhea requiring intravenous fluid administration.</p>		