Treatment of Opioid Use Disorder

September 2023

Table 3: Buprenorphine/Naloxone for Treatment of Opioid Use Disorder in Nonpregnant Adults [a,b,c]		
Formulations and Mechanism of Action	**Dosing (individualize as indicated)**	**Considerations for Use**
BUP/NLX sublingual film and tablet (multiple brands; see Medscape: Buprenorphine/Naloxone for more information) **Mechanism:** Partial opioid agonist	• **Standard initiation:** – **Initial BUP dose:** 2 mg to 8 mg once patient is experiencing mild to moderate opioid withdrawal – **Titration:** Increase BUP dose every 1 to 2 hours by increments of 2 mg to 4 mg over 2 to 7 days until opioid cravings and withdrawal symptoms are controlled. • **LDB-OC** (previously known as microdosing or micro-induction)**:** – **Initial BUP dose:** 0.25 mg to 0.5 mg while patient continues taking full opioid agonist [d] – **Titration:** Increase with low-dose increments of BUP over 7 days to reach therapeutic level; discontinue full opioid agonist. • **Long-term treatment:** The maximum dose of BUP is typically 24 mg taken once daily. – The individualized dose that is most effective in supporting treatment goals should be continued as long-term treatment. – The total BUP dose can be divided by 2 or 3 for dosing throughout the day per patient preference.	• **Standard initiation:** Confirm opioid withdrawal symptoms and severity by observation or patient report before starting BUP/NLX. • Ensure that the patient understands the dosing schedule and how to take BUP/NLX: avoid swallowing and let the medication dissolve under the tongue. • **LDB-OC:** Does *not* require opioid withdrawal and can be an alternative for patients who may not be able to tolerate standard initiation. – Individualized patient protocols, pharmacy blister packing, and care coordination with close follow-up are essential to success of low-dose initiation. – Expert consultation may be helpful to guide individualization and coordination of low-dose initiation. – Discuss the risks of ongoing nonprescribed opioid use and strategies to maximize safe use. – Ensure that the patient understands the dosing schedule, how to cut the medication into smaller doses, and to avoid swallowing and let the medication dissolve under the tongue. • **Maximum dose:** If a patient has opioid withdrawal symptoms or cravings that are not controlled by the FDA-approved BUP maximum dose of 24 mg daily, dosing up to 32 mg daily may be beneficial but will likely require insurance prior authorization.
BUP monotherapy sublingual tablets (multiple brands)	See BUP/NLX dosing, above.	See BUP/NLX considerations for use, above.

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XR-BUP subcutaneous depot injections (Sublocade) [e,f] **Mechanism:** Partial opioid agonist	• Administer subcutaneously in the abdominal tissue • **Oral initiation:** Administer and titrate sublingual BUP to ≥8 mg per day for ≥7 days [g]. • **Injection initiation:** Administer one 300 mg dose of BUP at week 1; administer the second 300 mg injection 4 weeks after the first. • **Long-term treatment:** 100 mg or 300 mg every 4 weeks. The monthly dose that is most effective in supporting treatment goals should be continued as long-term treatment.	• See Sublocade REMS (Risk Evaluation and Mitigation Strategy). • Must be delivered from pharmacies or distributors that are certified by the manufacturer's REMS. • The manufacturer recommends a treatment dose of 100 mg [FDA 2017]. However, a higher dose of 300 mg may be needed for patients who injected opioids before starting BUP [Haight, et al. 2019]. • Long-term treatment doses can be administered up to 2 weeks late without having to reinitiate sublingual BUP.

Abbreviations: BUP, buprenorphine; DEA, Drug Enforcement Administration; FDA, U.S. Food and Drug Administration; LDB-OC, low-dose buprenorphine with opioid continuation; NLX, naloxone; OUD, opioid use disorder; REMS, Risk Evaluation and Mitigation Strategy; SAMHSA, Substance Abuse and Mental Health Services Administration; XR, extended-release.

Notes:

a. Federal regulations effective in 2023 eliminated the waiver requirement for prescribing BUP. Any clinician with an active DEA license to prescribe controlled substances can prescribe BUP. To contact clinicians or programs who provide BUP for OUD treatment, call the HOPEline (1-877-8-HOPENY) (New York State), see NYC Health: Treatment for Opioid Use Disorder With Buprenorphine and Methadone > How to Find Treatment (New York City), or see SAMHSA: Buprenorphine Practitioner Locator.
b. Consult full prescribing information for each medication before prescribing.
c. For OUD treatment in pregnant individuals, see NYSDOH AI guideline Substance Use Disorder Treatment in Pregnant Adults.
d. Low-dose initiation requires splitting the BUP/NLX 2 mg/0.5 mg films or tablets. A quarter of a film or tablet is a 0.5 mg BUP dose; half of a film or tablet is a 1 mg BUP dose.
e. See Sublocade (BUP XR) injection prescribing information.
f. Brixadi (BUP), another XR injection for subcutaneous use, was approved by the FDA in May 2023 as weekly or monthly injections for OUD treatment and will be available in fall 2023.
g. Under specialist guidance, XR-BUP initiation approaches may vary; in some patients, the first injection may be administered <7 days after starting sublingual BUP.

References

FDA. Sublocade (buprenorphine extended-release) injection. 2017 Nov. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/209819s000lbl.pdf [accessed 2023 Mar 14]

Haight BR, Learned SM, Laffont CM, et al. Efficacy and safety of a monthly buprenorphine depot injection for opioid use disorder: a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet* 2019;393(10173):778-90. [PMID: 30792007] https://pubmed.ncbi.nlm.nih.gov/30792007