Treatment of Opioid Use Disorder

February 2024

Table 3: Buprenorphine/Naloxone for Treatment of Opioid Use Disorder in Nonpregnant Adults [a,b,c]

Formulations and Mechanism of Action	Dosing (individualized 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. – Increasing the dose up to 32 mg daily may be indicated for individuals with ongoing withdrawal, cravings, or opioid use. – 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 may require insurance prior authorization. In New York, as of January 18, 2024, the state Medicaid program covers up to 32 mg BUP daily for OUD treatment without 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 (multiple brands) **Mechanism:** Partial opioid agonist	**Sublocade** (monthly) • **Oral initiation:** Patients should tolerate taking sublingual BUP ≥8 mg per day for ≥7 days prior to injection initiation [e]. • **Injection initiation:** Administer the first 300 mg injection at week 1, and the second 300 mg injection 4 weeks after the first. • **Long-term treatment:** Administer maintenance dose of 100 mg or 300 mg every 4 weeks. The monthly dose that is most effective in managing opioid cravings and supporting treatment goals should be continued as maintenance treatment. **Brixadi** (weekly or monthly) • **Oral initiation:** Administer a 4 mg sublingual dose to test BUP tolerance without precipitated withdrawal. • **Injection initiation:** – *For patients not already taking sublingual BUP*, administer a first dose of Brixadi 16 mg followed by an additional dose of 8 mg within 3 days of the first dose for a total weekly dose of 24 mg. An additional 8 mg dose can be administered at least 24 hours after the previous injection for a total weekly dose of 32 mg. – *For patients already taking sublingual BUP,* administer the corresponding dose of Brixadi weekly or monthly for the initial dose. See prescribing information for dose equivalents. • **Long-term treatment:** Dose is individualized with a maximum dose of 32 mg weekly or 128 mg monthly.	• See manufacturers' restricted distribution programs: Brixadi REMS (Risk Evaluation and Mitigation Strategy or Sublocade Risk Evaluation and Mitigation Strategy (REMS). • Must be delivered from pharmacies or distributors that are certified by the manufacturer's REMS. **Sublocade** • Store in refrigeration; can only be stored at room temperature for up to 12 weeks. • Administer subcutaneously in abdominal region. • Maintenance doses can be administered up to 2 weeks late without clinically significant impact. **Brixadi** • Store at room temperature. • Administer subcutaneously in the abdomen, buttock, or thigh. • After 4 consecutive injections in one of the sites noted above, the injection can be administered subcutaneously in the upper arm.

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. Under specialist guidance, XR-BUP initiation approaches may vary; in some patients, the first injection may be administered <7 days after starting sublingual BUP.