

## **MEDICATION-ASSISTED TREATMENT (“MAT”) FOR OPIOID USE DISORDER**

The U.S. Food and Drug Administration (FDA) has approved three medications that are proven to be safe and effective for the treatment of opioid use disorder (OUD), supporting improved health outcomes and overall well-being for individuals affected by OUD. Medication-Assisted Treatment (MAT) involves ongoing, long-term therapy utilizing one of the FDA-approved medications. Medications are not merely supportive of treatment; they are an integral and essential component of the therapeutic process.

### **Methadone**

- Methadone reduces cravings and controls withdrawal symptoms because it is an opioid.
- Methadone must be taken daily, though some people need to take methadone twice daily.
- When used to treat OUD, methadone can only be dispensed by federally registered Opioid Treatment Programs (OTPs).

### **Buprenorphine**

- Buprenorphine, sometimes referred to as “bupe,” reduces cravings and controls withdrawal symptoms because it is a partial opioid.
- Buprenorphine can be taken at home daily OR administered by a clinician as a long-acting injection.
- Buprenorphine can be prescribed by any qualified clinician.
  - As of December 9, 2022, any practitioner with current DEA registration that includes the authority to prescribe Schedule III medications may prescribe buprenorphine as allowable by state law. The DATA waiver (X waiver) requirement has been removed.
- Both Subutex and Suboxone contain buprenorphine.
- The Subutex and Suboxone mechanism of action (MOA): Subutex (composed of buprenorphine) is a partial opioid agonist. It binds strongly to opioid receptors, decreasing cravings and blocking other opioids; it can be used when naloxone is not tolerated. Suboxone is composed of a 4:1 buprenorphine/naloxone ratio.
- Subutex and Suboxone are both safer alternatives than full opioid agonists. Buprenorphine only products are more susceptible to abuse, but the addition of naloxone in Suboxone reduces the chances of abuse.
- Formulary preferred medications include:
  - buprenorphine tabs (covered if member is pregnant or nursing and prescriber includes the ICD-10 code on the prescription)
  - Suboxone Film (Brand name only)
  - buprenorphine-naloxone tablets (generic only)
  - Sublocade (PA required)
  - Brixadi (PA required)

## **Naltrexone**

- Naltrexone is an opioid blocker. It prevents opioids from affecting the body.
- Naltrexone can be taken at home daily OR administered by a clinician as a long-acting injection.
- Naltrexone can be prescribed by any clinician licensed to prescribe medication.
- Formulary preferred medications include:
  - Naltrexone tablets
  - Vivitrol injection

## **EMERGING EVIDENCE AND CLINICAL CONSIDERATIONS**

**Safety Profile in Recent Studies:** Large-scale studies suggest that the buprenorphine-naloxone combination is a safe option during pregnancy, with maternal and neonatal outcomes comparable to, or in some cases more favorable than buprenorphine monotherapy (MGH Center for Women’s Mental Health; NIH).

**Potential Advantages of Combination Therapy:** Some research indicates a reduced risk of infants being small for gestational age when exposed to buprenorphine-naloxone compared to buprenorphine alone.

**Treatment Flexibility:** Both buprenorphine monotherapy and the buprenorphine-naloxone combination are considered appropriate for managing opioid use disorder during pregnancy, allowing for individualized, collaborative treatment planning (NIH).

## **ADDITIONAL CONSIDERATIONS**



**Access Challenges:** Insurance requirements such as prior authorization for buprenorphine monotherapy may limit access and increase the risk of treatment interruptions, which can negatively impact outcomes.

**Continuity of Care:** Maintaining uninterrupted medication-assisted treatment throughout pregnancy is critical to prevent adverse maternal and neonatal outcomes, regardless of the formulation used.

## **References:**

1. Straub L, Bateman BT, Hernández-Díaz S, et al. Comparative Safety of In Utero Exposure to Buprenorphine Combined With Naloxone vs Buprenorphine Alone. *JAMA*. 2024;332(10):805–816. doi:10.1001/jama.2024.11501
2. Ordean A, Tubman-Broeren M. Safety and Efficacy of Buprenorphine-Naloxone in Pregnancy: A Systematic Review of the Literature. *Pathophysiology*. 2023 Feb 11; 30(1):27-36.
3. <https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines/mat-act>

**PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:**

	
ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

**\*\* Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted\*\***

**Reminder** for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

*This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto ([MustoF@mercycares.org](mailto:MustoF@mercycares.org)), Denise Volkov ([VolkovD@mercycares.org](mailto:VolkovD@mercycares.org)) or Trennette Gilbert ([gilbert@mercycares.org](mailto:gilbert@mercycares.org))*