Overview of Medication-Assisted Treatment (MAT) for Opioid Use Disorder



What is MAT?

MAT combines behavioral therapy and medications to treat substance use disorders. MAT should always be used in combination with counseling and behavioral therapies after medical detoxification to increase the rate of abstinence from opioids. Medical detox alone is rarely sufficient to help achieve long-term abstinence.

What are the benefits of MAT?

MAT can:

- improve patients' chances of survival
- increase retention in treatment
- decrease illicit opioid use
- increase a patient's ability to gain and maintain employment
- improve birth outcomes among pregnant women with substance use disorders

Where can MAT be provided?

	Methadone	Buprenorphine
Allowable practitioner actions	Administer and dispense*	Prescribe and dispense
Clinic types	Opioid treatment programs (OTPs) only	Doctor's office, community health center, or OTP

Any prescriber can offer naltrexone.

What are MAT drugs for opioid use disorder?

Drug	Common Dose	Common Side Effects	Advantages	Disadvantages
Methadone	• 20–120 mg daily (pills, liquid, wafer form)	 Hypotension Sweating Constipation Sedation Dizziness 	 Will not block the effects of other opioids Effective as long as adhered to Slows brain uptake and reduces feeling of euphoria Only MAT drug approved for women who are pregnant or breastfeeding 	Need to visit the clinic daily since it is only dispensed at approved treatment centers

^{*}A patient taking methadone should receive the medication under practitioner supervision. If treatment is successful, the provider can determine if the patient can take methadone at home between program visits.

Drug	Common Dose	Common Side Effects	Advantages	Disadvantages
Buprenorphine	 SL Tablet: 4–32 mg daily Implant: 4 single-rod (each has 74.2mg) every 6 months Injection: 100–300 mg monthly SL film, Buprenorphine 4–32mg/naloxone daily Buccal film, Buprenorphine 2.1-12.6 mg/naloxone daily 	 Application site reaction Constipation Nausea Dizziness Headache Sedation 	Can be prescribed and filled at patient's preferred pharmacy	Buprenorphine- only products can have abuse potential, so prescribe it in combination with naloxone
Naltrexone	 50 mg by mouth daily 380 mg intramuscularly once monthly 	Abdominal painNauseaAnxietyHeadacheLack of energy	 Not addictive or sedating Comes as a monthly injection 	 Poor patient compliance Avoid in pregnant patients or ones wanting to get pregnant Must be abstinent for 7–10 days before starting

Please note: Due to differences in the bioavailability of buprenorphine buccal compared to buprenorphine sublingual tablets or film, different strengths must be given to achieve equivalent doses.

Notable limitations: Members with active cancer or sickle cell disease or in end-of-life care or hospice are not included in MAT initiatives.

Additional resources

Individuals can find nearby treatment centers at FindTreatment.gov.

They may also call SAMHSA's National Helpline at **800-662-4357** for confidential treatment referrals and information about mental health or substance use disorders. The helpline is available 24 hours a day, seven days a week, 365 days a year.

References

- 1. SAMHSA.gov/medications-substance-use-disorders
- 2. Oregon.gov/oha/hsd/amh/pages/mat.aspx
- 3. Substance Abuse and Mental Health Services Administration. (2019). TIP 63: Medications for Opioid Use Disorder.
- 4. NIDA. 2021, December 3. How effective are medications to treat opioid use disorder? Retrieved from https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder on 2024, March 5.

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