

**Methadone****Buprenorphine****Naltrexone****Extended-release Naltrexone (Vivitrol)**

	Methadone	Buprenorphine	Naltrexone	Extended-release Naltrexone (Vivitrol)
How it's taken	Tablet or liquid	Tablet, film, or extended-release injection or implant	Tablet	Injection, usually in the buttocks
What it does	Relieves withdrawal symptoms and cravings by stimulating opioid receptors in the brain. Methadone binds preferentially to <i>mu</i> opioid receptors and may reduce the effects of other illicit opioids such as heroin. Delivered in the right dose to a person tolerant to opioids, it does not cause intoxication, euphoria, or sedation, and most people can perform most daily tasks. Because methadone is an opioid, it is addictive and can cause serious side effects including respiratory depression and death. Because it can cause intoxication in nontolerant individuals, it may also be sold or traded illegally.	Like methadone, buprenorphine relieves withdrawal symptoms and cravings by stimulating <i>mu</i> opioid receptors in the brain. It, too, binds preferentially to these receptors, and may diminish the effects of illicit opioids. It is referred to as a <i>mu</i> opioid partial-agonist because it exhibits a ceiling effect such that dangerous side effects of full <i>mu</i> opioid agonists, for example methadone, such as respiratory depression do not occur.	If a person taking naltrexone uses opioids, naltrexone blocks the euphoric and sedative effects of the drug. Naltrexone binds preferentially to opioid receptors in the brain but does not stimulate the receptors. It is not an opioid and is neither intoxicating nor addictive. It does not have demonstrated effects on withdrawal symptoms or cravings.	Binds preferentially to opioid receptors in the brain but does not stimulate the receptors. The effects last for approximately 28 days. It is not an opioid and is neither intoxicating nor addictive. Although oral naltrexone has no proven effects for reducing opioid cravings, the injectable extended-release version has been shown to reduce cravings significantly.
Who can prescribe or administer it	When used to treat substance use disorders, methadone may only be administered by qualified medical providers in certified OTPs. Prisons and jails can become certified OTPs or contract with community-based OTPs.	Qualified providers who meet all requirements as defined by the United States Code, Code of Federal Regulations, and other relevant legislation.*	Physicians, nurses, physician assistants, or pharmacists.	Physicians, nurses, physician assistants, or pharmacists.

*As defined in [21 U.S.C. § 823\(g\)](#), as amended by the Drug Addiction Treatment Act of 2000., nurse practitioners, or physician assistants who satisfy the definition of a “qualifying other practitioner” under [21 U.S.C. § 823\(g\)\(2\)\(G\)\(iv\)](#), as amended by the Comprehensive Addiction and Recovery Act of 2016 and who have completed an 8 to 24-hour training course and received a waiver pursuant to the Drug Addiction Treatment Act of 2000 (DATA-2000) and Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, or Certified Nurse Midwife who satisfy the definition of a “qualifying other practitioner” under [21 U.S.C. § 823\(g\)\(2\)\(G\)\(iv\)](#), as amended by the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018, until October 1, 2023. Implementation of this provision of the SUPPORT for Patients and Communities Act is in process. For more information, please go to SAMHSA’s website.