What is a Proven Best Choice?
The Proven Best Choice® rating considers these factors:

How well one choice works compared to others based on scientific evidence

How much one choice costs in relation to its benefits: The cost information that is used is the total cost of the treatment, which may be different than what you pay out of pocket if you have insurance.

Making decisions about your health care may not be as easy as deciding whether to buy a household item like a TV. But knowing your Proven Best Choice is a good place to start.

What are opioids? Opioids include certain strong medications that a doctor might prescribe for pain, such as Percocet or Vicodin, as well as street drugs like heroin.

What is opioid use disorder? After using any kind of opioid for a while, your body gets used to the drug. You need more of it to get the same effect. This is called tolerance. Without the drug, you may have signs of withdrawal. You might also crave more of the drug. These are signs of physical dependence.

Physical dependence can occur in anyone taking opioids, even if they’re taken exactly as prescribed. But, it can also be a part of a medical condition called opioid use disorder. Opioid use disorder occurs when looking for and taking opioids becomes a problem, and you’re unable to stop using the drugs.

To learn more about the signs of opioid use disorder, visit the following resources:


Can opioid use disorder be treated? When you have opioid use disorder, stopping use of opioids on your own can be hard. But, like many other chronic conditions, it can be treated successfully with the right help. This guide will help prepare you to talk with a doctor to find a treatment option that’s right for you or your loved one.
What treatments are available?

There are different forms of treatment for opioid use disorder. One approach, medication-assisted treatment (MAT), uses medicine and other support services to help patients stop misusing opioids. Another approach is short-term managed withdrawal, known more commonly as detox. This method focuses on stopping all use of opioids and medicines quickly within a set amount of time.

Research shows that MAT is the more effective choice for most patients.

What is Medication-Assisted Treatment (MAT)?

Patients in MAT programs take medication to manage opioid use disorder. It’s similar to taking medication to manage other chronic illnesses, like diabetes or high cholesterol. Studies show that people in MAT programs are more likely to stay in treatment than those in detox programs.

There are different types of MAT programs. They’re described in more detail in the table below. Some programs give more structure, while other programs offer more flexibility. All MAT programs can help treat opioid use disorder. Different programs will be best for different patients.

<table>
<thead>
<tr>
<th>Methadone</th>
<th>Buprenorphine and Buprenorphine/Naloxone</th>
<th>Naltrexone</th>
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</thead>
<tbody>
<tr>
<td>Methadone is an opioid medication that comes in tablet or liquid form. It’s taken by mouth. At the beginning of treatment, people taking methadone visit a clinic every day for their dose of medicine. Because of this, methadone programs offer the most structure out of the MAT options. Once people are stable on treatment they can get doses to take at home and visit the clinic less often. All clinics include counseling and many offer other support services as well. How much methadone each person takes will depend on his or her specific needs. When it’s taken correctly, methadone doesn’t give the same “high” effects that come from using heroin or misusing pain medication, but it helps to satisfy the urge to take opioids and prevent withdrawal.</td>
<td>Buprenorphine is an opioid medication that comes in several forms. It can be taken alone or combined with another drug, naloxone, such as in Suboxone®. The combined form comes as a small film or tablet that dissolves under your tongue. Buprenorphine on its own can also come as a tablet, or as a long-acting matchstick-sized implant in your arm. Treatment with buprenorphine, in any of the forms, typically does not require a daily visit to a doctor’s office. If taking a tablet form, once you are stable on treatment you can often get a 30-day supply to take home. The implant lasts for up to six months. Like methadone, buprenorphine is an opioid. But, when taken correctly, it doesn’t have the same negative effects as other opioids. A doctor needs a special license to prescribe it.</td>
<td>Naltrexone is a medication that blocks the effects of opioids so that you don’t feel “high” when using them. It comes as a pill taken daily or as an injection given by a doctor one time each month.</td>
</tr>
</tbody>
</table>

*There are several generic and brand name forms of buprenorphine and buprenorphine/naloxone available.*
### Benefits

**Methadone**
- Methadone can help control cravings for opioids.
- It can block the “high” feeling from opioid use.
- Methadone programs offer more structure than other types of MAT, which helps some patients stick to their treatment plan.

**Buprenorphine and Buprenorphine/Naloxone**
- It reduces cravings for opioids.
- It limits the “high” effects that you get from prescription opioids or heroin.
- It can be more convenient than methadone since you don’t have to visit a clinic every day.

**Naltrexone**
- Naltrexone does not cause physical dependence, and it can’t be misused.
- It blocks the effects of opioids.

### Risks or Disadvantages

**Methadone**
- It can cause constipation, sweating, and irregular heartbeat. Talk to your doctor about all side effects.
- Like other medications for chronic disease, people taking methadone will get sick if they stop taking their medicine suddenly.
- Not using methadone correctly or mixing it with other drugs or alcohol can be very dangerous.
- Getting to a clinic every day can be hard, especially if there is not a clinic near where you live.
- Because methadone is an opioid, some people think taking it is just a substitute for other opioids. This makes some people feel embarrassed to be taking methadone. But, methadone is an effective and lifesaving treatment for many people.

**Buprenorphine and Buprenorphine/Naloxone**
- It can cause headaches, sweating, nausea, and other side effects.
- Like other medications for chronic disease, people taking Suboxone will get sick if they stop taking their medicine suddenly.
- Not using Suboxone correctly or mixing it with other drugs or alcohol can be very dangerous.
- You shouldn’t use Suboxone if you’re pregnant. Pregnant women can use buprenorphine alone.
- Doctors prescribing buprenorphine or Suboxone can only treat a limited number of people, and only some doctors can prescribe these medications. This can make it hard to find a doctor who is taking new patients.
- Because buprenorphine is an opioid, some people think taking it is just a substitute for other opioids. This makes some people feel embarrassed to be taking buprenorphine. But, buprenorphine is an effective and lifesaving treatment for many people.

**Naltrexone**
- Side effects may include headache, stomach pain, nausea, and fatigue.
- People must stop opioid use at least seven days before starting the medication.
- Naltrexone may not be as effective as other options for stopping relapse, or a return to opioid use. It can be hard for some patients to stick to treatment with naltrexone.
- There is a high risk of overdose if treatment is interrupted or stopped.

### Who should consider it?

**People who may benefit the most from treatment with methadone include:**
- Those with higher opioid tolerance, meaning that they need to take more of the drug to feel the same “high.”
- Those who have used opioids for more time.
- Those with unstable living situations, such as those experiencing homelessness or unemployment. The structure of the program can be helpful.

**Suboxone or buprenorphine may be best for people who:**
- Aren’t as dependent on opioids,
- Haven’t been using them for very long, and
- Have a stable living situation with family and friends who can support them in recovery

**Because it can be hard to stick to treatment with naltrexone, it’s not the most effective option for everyone. It may be a good option for people who:**
- Don’t have access to other forms of MAT,
- Haven’t been using opioids for very long,
- Are at low risk of relapse, and
- Are very likely to stay in treatment.

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**Naloxone (Narcan)** is a medication used in emergencies to stop overdoses. It is not a long-term treatment option, so it was not included in our review.
How long do you need to take the medication?

MAT is different for everyone. Some people take medication for years. Others take it for a while, then work with their doctor to slowly lower the dose and eventually stop taking it. A doctor can help you decide what’s right for you. Some studies have shown that staying on medication for a longer period of time gives you a better chance of not misusing opioids again.

Whatever your plan is, it’s important to take your medication for as long as you need it. Coming off of medication before you’re ready can put you at risk for a relapse (starting opioid use again after stopping it) and for overdose.

Now that you know your Proven Best Choices, talk to your doctor about which option is best for you. See the list on page 6 for the kinds of questions to ask.

It’s also important to remember that not all insurance companies cover every type of treatment. Contact your insurance company to find out what it covers and what you will pay in copayments or other expenses.

“I didn’t think I needed medicine. I thought I could just stop. But, when that wasn’t working, I talked to a doctor and tried methadone. It helped me deal with my cravings so I could focus on other things. I’ve been taking methadone for a few months and just started a new job.”
LOWER-VALUE OPTIONS

Short-Term Managed Withdrawal Programs (“Detox”)

What it is: These programs are often known as detoxification, or “detox,” programs. The goal of detox is to stop all opioid use, often within 30 days or less. A medication might be used as part of the program but only for a very short time.

Benefits: If the program works for you, you do not need to take medication every day. Some people don’t want to take medication long-term and find this appealing.

Risks: Studies have shown that patients in detox programs are much less likely to stay in treatment. The majority of patients relapse and start misusing opioids again after the detox period ends. Because tolerance is lowered, there is a high risk of overdose if you start using opioids again after detox.

Why its value is lower: Detox programs have not been shown to be as effective as MAT. Patients may be less likely to stick to their treatment in a detox program, putting them at higher risk for relapse.

While detox is a lower value option for most, some people may benefit from trying a detox program. It may be more successful for people who:

- Have not been using opioids for long,
- Have family and friends able to support them in recovery, and
- Have access to a program that includes some use of medication as well as careful management of withdrawal by an experienced physician
- Continue treatment like counseling, peer support services, etc.

Being open with your doctor about your drug use will help them to determine the treatment that’s right for you.

For help finding treatment, call the SAMHSA National 24/7 helpline: 1-800-662-HELP (4357)

Resources from the National Institute on Drug Abuse:

Information from the Substance Abuse and Mental Health Services Administration:
https://store.samhsa.gov/shin/content/SMA09-4443/SMA09-4443.pdf
Methodology

The Proven Best Choice rating system considers many factors, including measures of comparative clinical effectiveness (how well a treatment works compared to another treatment), cost, cost-effectiveness (how much something costs compared to the long-term benefits it creates), long-term outcomes, and resource constraints (for example, if there are a limited number of health care providers that offer the specific treatment). To inform these ratings, ICER performs in-depth evidence reviews and economic analyses. It also convenes public meetings of research methodologists, clinical experts, and public and patient representatives to examine rigorous, high quality evidence, information on costs, and measures of long-term outcomes and impact.

QUESTIONS FOR YOUR DOCTOR

These questions are meant to be a starting point for a conversation you have with your doctor. You may have other questions.

- Why is opioid use disorder treated with medications?
- Which medication would be best for me based on my drug use?
- How do I find the nearest methadone clinic?
- How do I find a doctor who can prescribe Suboxone?
- If I start taking a medication for opioid use disorder, how long will I need to take it for?
To read ICER’s full review of the evidence on treatment options for opioid use disorder, download the report at: https://icer-review.org/material/opioid-dependence-final-report/.

The Institute for Clinical and Economic Review (ICER) is an independent, nonprofit research institute that produces reports analyzing the evidence on the effectiveness and value of drugs and other medical services. ICER’s reports include evidence-based calculations of prices for new drugs that accurately reflect the degree of improvement expected in long-term patient outcomes while also highlighting price levels that might contribute to unaffordable short-term cost growth for the overall health care system. ICER’s reports incorporate extensive input from all stakeholders and are the subject of public hearings through three core programs: the California Technology Assessment Forum (CTAF), the Midwest Comparative Effectiveness Public Advisory Council (Midwest CEPAC), and the New England Comparative Effectiveness Public Advisory Council (New England CEPAC). These independent panels review ICER’s reports at public meetings to deliberate on the evidence and develop recommendations for how patients, clinicians, insurers, and policymakers can improve the quality and value of health care. For more information about ICER, please visit ICER’s website at www.icer-review.org.

This publication was written by:

Dr. Steven Pearson, President, Institute for Clinical and Economic Review (ICER)
Dr. David Rind, Chief Medical Officer, Institute for Clinical and Economic Review (ICER)
Erin Lawler, Policy and Communications Associate, Institute for Clinical and Economic Review (ICER)

The following ICER staff contributed to the preparation of this material (in alphabetical order):
Sarah Emond, Executive Vice President and Chief Operating Officer
Dan Ollendorf, Chief Scientific Officer
Mitchell Stein, Policy and Communications Director