

Buprenorphine and Methadone for Opioid Use Disorder

Buprenorphine

- Unless a patient has taken 24 mg buprenorphine daily for 7 consecutive days and found it ineffective in controlling withdrawal/craving, this should be the starting medication.
- Due to genetic variants, buprenorphine does not work for everyone with OUD, but does work for most. Because of rapid titration, providers can usually determine within 1-2 weeks if buprenorphine is effective.
- Buprenorphine is a schedule III mixed opioid agonist/antagonist and can be rapidly titrated to the usual effective dose (24 mg/day). It is generally dispensed in combination form with naloxone to decrease diversion risk. Oral naloxone does not leave the GI tract, but if someone pulverizes and injects the combo pill, the naloxone will put them into withdrawal.
- Take home medication can be quickly received. The down-side of this is that fewer eyes are on the patient and fewer words of encouragement are heard by the patient in the early stages of recovery.
- Buprenorphine may be given without ensuring counseling is occurring. Medication Assisted Treatment, the medical standard of care for OUD, entails both medication and counseling.

Methadone

- Methadone is an opioid agonist; schedule II narcotic.
- Methadone works for everyone with opioid use disorder (OUD). At the correct dose, there will be no cravings, no withdrawal symptoms between doses, and no sedation. Most require a dose between 80 mg and 120 mg, but doses over 300 mg may be needed in some individuals.
- Dose requirements are determined by genetics more than opioid type and duration of use. There are multiple genetic variants that impact the rate at which methadone is metabolized as well as the effect of methadone bound at the mu receptor.
- Methadone has a very long half-life, which means that the full impact of a dose adjustment is not fully known for 3-4 days. Once the patient is out of severe withdrawal, it can take several more weeks to reach the effective dose.

- Overdoses can lead to respiratory depression and death. Thus, methadone is highly regulated and available only through licensed Opioid Treatment Programs (OTPs). Patients must attend clinic 6-7 days per week to medicate at the dispensary. This transportation requirement can be problematic for some patients.
- Most OTPs open early (often 6:00 a.m.) so that patients can receive medication and any other services prior to work, school, or taking their children to school.
- Patients who medicate regularly, follow program guidelines, and have favorable urine toxicology tests earn take-home medications so that daily return to the program is not needed. The requirements and schedule for earning take homes is prescribed by the Federal Government.