MOUD Treatment Options

ScalaNW

Use this information to support making shared decisions between methadone or buprenorphine when initiating MOUD.

	Buprenorphine	Methadone
Best for	Patients who would benefit from flexible treatment options	• Patients who would benefit from more structured care • Patients whose symptoms are better managed with a full agonist opioid
Formulation and frequency	Daily sublingual, weekly or monthly injectable	Daily oral
Benefits	• Multiple formulations • Treats cravings and withdrawal • Decreases risk of death by over half • Safe in pregnancy and improves both neonatal and maternal outcomes • Appropriate for ages 13+ Long-acting injectable only: • Helps patients who have difficulty taking or do not want to take daily medication • Gradually tapers, so if a dose is missed, it continues to provide some protection from overdose, and reduces severity of withdrawal symptoms	• Treats cravings and withdrawal • Decreases risk of death by over half • Don't have to be in withdrawal to start • Frequent engagement with provider • Safe in pregnancy and improves both neonatal and maternal outcomes
Limitations	• Patient usually needs to be in mild to moderate withdrawal to start • Small risk of precipitating withdrawal when starting Long-acting injectable only: • Injection site pain • Must be administered by a health care provider	• Can only get methadone from an opioid treatment program (OTP) • Early on, may have to go to an OTP often, perhaps daily; over time, may be able to get more take-home doses • May be inaccessible to those who are far from an OTP or lack transportation • Some OTPs have additional requirements, like counseling • Age restrictions may apply: ages 13+ can legally consent in WA, but OTPs may have their own restrictions
A note on buprenorphine precipitated withdrawal Precipitated withdrawal happens in <1% of cases. What to say if a patient is concerned about buprenorphine-precipitated withdrawal: • *"When patients receive a dose at the wrong time or that is too low, it can cause severe withdrawal. But we're going to take steps to avoid that."* • *"If you do have severe withdrawal, we know how to treat it quickly and effectively with higher doses of buprenorphine and other medications."* • *"It sounds like you may have had bad experiences with buprenorphine in the past. Do you want to talk through it together?"*		

For most patients with opioid use disorder, buprenorphine and methadone will be the preferred medications. However, naltrexone may be appropriate for some patients.

	Naltrexone
Best for	• Patients who are already abstinent from opioids, who want to reduce cravings, and prefer a non-opioid option • Patients who use stimulants and are at risk of accidental opioid overdose from the unregulated drug supply
Dose frequency	Monthly injectable
Benefits	• Helps manage cravings • Helps patients who have difficulty taking or do not want to take daily medication • May prevent opioid overdose in those who are not opioid dependent
Limitations	• Must be abstinent from opioids >7 days to start • No reduction in mortality • Does not treat withdrawal • Injection site pain • Must be administered by a health care provider