

Choosing the Right MAT for Opioid Use Disorder



50-70%

Reduction in

All-Cause Mortality

MAT with buprenorphine or methadone is a proven, life-saving intervention for OUD.



The Gold Standard of Care: MAT in Primary Care

Primary Care is the Ideal Setting

Delivering MAT in primary care reduces stigma and improves access and patient outcomes.

At-a-Glance Medication Comparison

Buprenorphine



Mechanism & Key Advantage
Partial Agonist: High safety profile with a "ceiling effect" on respiratory depression.



Best For
Most patients in primary care settings. Modern induction strategies are effective for fentanyl use.



Key Consideration
Risk of precipitated withdrawal if started too soon without proper protocol.

Methadone



Mechanism & Key Advantage
Full Agonist: Highest treatment retention rates among all MAT options.



Best For
Patients with severe OUD or those who have not stabilized on buprenorphine.



Key Consideration
Requires daily dosing at a certified Opioid Treatment Program (OTP), limiting access.

Naltrexone (XR)



Mechanism & Key Advantage
Antagonist: Blocks opioid effects; non-addictive, monthly injection.



Best For
Motivated patients post-detoxification who strongly prefer a non-agonist option.



Key Consideration
Requires 7-10 days of complete opioid abstinence before initiation, a major barrier.