

Six Months of MOUD Is Not Enough

Clinical Scenario

A patient on buprenorphine for six months reports feeling stable. He has returned to work, completed his counseling requirements, and tested negative for opioids for the past three months. He tells his prescriber he is ready to stop medication, and the prescriber, aware that six months is the commonly cited minimum duration, begins discussing a taper schedule.

The Pearl

Six months has become the de facto minimum benchmark for MOUD treatment, embedded in payer coverage policies and quality metrics. A January 2026 study by Hayes et al. in *Addiction* analyzed over 32,000 US veterans receiving buprenorphine, methadone, or extended-release naltrexone and found that **survival benefit from MOUD continues to increase through at least four years of treatment**, with the largest marginal gains occurring around two years compared to six months.

The study quantified this precisely. A 50-year-old male with no additional health risk factors who remained in treatment for two years had a 4% higher predicted 6-year survival probability than a comparable patient who stopped at six months. For lower-risk patients, a 30-year-old female with no comorbidities, that same 4% survival gain did not emerge until approximately five years of continued treatment. Higher-risk patients derived greater benefit over shorter time horizons.

The patient who feels stable and wants to stop is not demonstrating readiness to discontinue. He is approaching the highest-risk window for relapse and overdose. Six months is the floor, not the finish line.

Why It Matters

- More than 25% of patients on MOUD report wanting treatment durations shorter than six months, placing consistent pressure on prescribers to agree to early taper discussions.
- Real-world six-month retention rates range from less than 30% to 50% depending on the clinical setting, meaning the majority of patients are dropping out before they reach even the minimum benchmark.
- The Hayes study authors concluded directly: quality metrics based on 6-month MOUD retention are likely insufficient to capture meaningful reductions in mortality risk, regardless of the individual patient's risk profile.

Bottom Line: Treat six months as the minimum acceptable threshold, not a treatment success marker. When a patient requests discontinuation at six months, document the survival evidence, address the patient's reasons for wanting to stop, and target continued treatment through at least two to four years for meaningful mortality benefit.

References

1. Hayes CJ, Raciborski RA, Acharya M, et al. Evaluating the Optimal Duration of Medication Treatment for Opioid Use Disorder. *Addiction*. 2026. doi: 10.1111/add.70211.
2. Weill Cornell Medicine. Prior Authorization Bans for Buprenorphine Alone May Not Improve Treatment Retention. *JAMA Health Forum*. March 2026.
3. SAMHSA. Guidelines for Implementing Medications for Opioid Use Disorder. HHS Publication PEP25-02-003. 2025.

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