

Background:

- Buprenorphine is an effective treatment for opioid use disorder (OUD). [Dosing guidance](#) has historically recommended a maximum daily dose of 24mg.
- A [2024 joint statement](#) from the FDA and SAMHSA has clarified that **24mg should not be interpreted as a strict maximum**, as some patients may benefit from higher doses.
 - Increased fentanyl use has prompted some clinicians [to opt for](#) higher doses.
- **Higher doses (≥ 24 mg) may be necessary to achieve the primary goals of [buprenorphine treatment](#):**
 - Suppress opioid withdrawal
 - Block the effects of illicit opioids
 - Reduce opioid craving and stop/reduce use of illicit opioids
 - Promote patient engagement in recovery-oriented activities

Patients taking higher doses (≥ 24 mg) of buprenorphine demonstrate:

- [Better retention in treatment](#)
- Lower [rates](#) of acute care utilization
- Decreased [mortality](#)



Clinical Considerations:

- **Patient-Centered Dosing:** Patients experiencing persistent withdrawal symptoms and continued opioid use might benefit from a buprenorphine dose to ≥ 24 mg. For long-acting injectable buprenorphine formulations, continuing at the higher end of the dose range (e.g., Sublocade 300mg/month or Brixadi 128mg/month) is likely also to have clinical benefit.
- **Harm Reduction Perspective:** Higher doses may help stabilize patients in an environment where fentanyl is prevalent, reducing the likelihood of relapse and overdose.
- **Safety:**
 - [Overdose/Respiratory Depression](#): A [recent literature review](#) found that high-dose buprenorphine initiation is **not** associated with increased overdose risk or respiratory depression. Overdose with buprenorphine in adults is not common and most likely [occurs](#) in individuals without tolerance or who use alcohol or benzodiazepines.
 - [Diversion](#): Although diversion (unauthorized use of buprenorphine) remains a [concern](#), the most common use of nonprescribed buprenorphine is [self-treatment](#) of OUD when [legal access](#) is unavailable. In the context of the fentanyl epidemic, buprenorphine misuse poses less risk than illicit opioid use. Patients should be educated on safe storage and misuse.