



Substance Abuse and Mental Health
Services Administration

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May 3, 2022

Dear State Opioid Treatment Authorities,

The Substance Abuse and Mental Health Services Administration (SAMHSA) aims to promote comprehensive Opioid Use Disorder (OUD) treatment services for all people who need it. In pursuit of this goal, SAMHSA has released numerous practice-based guidelines to foster best practices, particularly among special populations such as pregnant and postpartum women with OUD. The recently updated [*TIP 63 - Medications for Opioid Use Disorder \(MOUD\)*](#), exemplifies this and complements several other SAMHSA resources (see [*Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*](#), and [*Medications to Treat Opioid Use Disorder During Pregnancy*](#)). These guides include evidence-based information about the management of OUD with medications for opioid use disorder (MOUD) during pregnancy. They specify that doses of MOUDs, particularly methadone, should be carefully monitored during pregnancy because pregnancy can affect the rate at which these medications are metabolized. This may require increased doses during the pregnancy and peripartum period to achieve and sustain stability.

Dividing the dose of methadone or buprenorphine in two daily doses (also known as “split dosing”) taken 10-12 hours apart, rather than a single daily dose, can help manage the impact of metabolic changes on serum levels, particularly for women in the third trimester of pregnancy. Split dosing can also make medications for opioid use disorder more tolerable for people experiencing nausea, and it may be needed for people taking other medications or with certain physiologic profiles that might lead to rapid metabolism of MOUDs. As SAMHSA continues to operate under the current take-home flexibilities, we want to ensure that you are aware that the take-home supply related to a split dosing regimen falls within these flexibilities.

The take-home flexibilities statement issued in March 2020 indicated: *The state may request a blanket exception for all stable patients in an OTP to receive 28 days of take-home medication and they may request up to 14 days of take-home medication for those patients who are less stable but who the OTP believes can safely handle this level of take-home medication.* Based on this guidance, a take-home exception is not automatically required to initiate or continue split dosing regimens. If exceptions are needed, they can be processed via the OTP Extranet at <https://otp-extranet.samhsa.gov> .

The follow up guidance issued last fall extends the flexibilities beyond the end of the public health emergency, adds some defining language to “stable” and “less stable” and states: *It remains within the OTP provider’s discretion to determine the number of take-home doses within each category of ‘stable’ or ‘less stable’.*

We are grateful for your state’s willingness to take advantage of the Federal take-home flexibilities. If your state wants to prepare for the end of the public health emergency and opt into the extended flexibilities, please remember to notify us of your concurrence by emailing DPT@samhsa.hhs.gov.

If you have any questions about your state’s status regarding the extended flexibilities, please contact Nichole Smith at Nichole.Smith@samhsa.hhs.gov for guidance.

Sincerely,

/Yngvild K. Olsen/

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