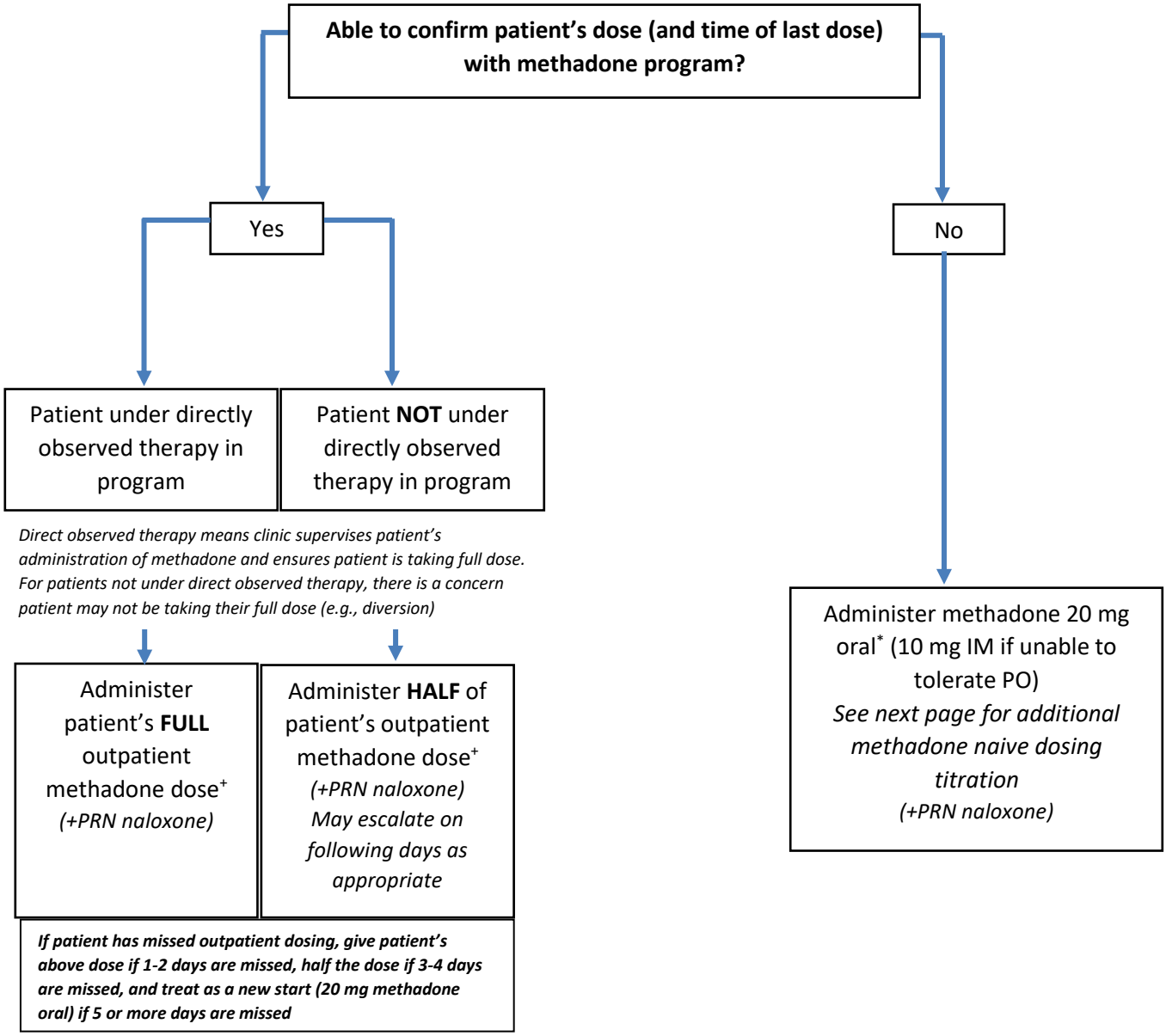
# University Hospital (UH) Adult Methadone Dosing Guideline

- For the majority of patients, buprenorphine is the preferred treatment for acute opioid withdrawal
- Methadone should be only used for certain special circumstances (e.g., patient already maintained on methadone)
- Strong caution must be used when ordering methadone due to high risk of respiratory depression with large doses. *(Remember to also ensure patient has not received their methadone today)*
- Even patients who use opioids regularly can develop respiratory depression with an initial dose of methadone or during dose finding.
- **Initiation on methadone maintenance with a plan to connect to outpatient care is generally not appropriate unless in close coordination with community care coordinators/navigators working to connect patients to opioid treatment programs (OTP)**




*Methadone 20 mg PO is usually sufficient to adequately treat and prevent opioid withdrawal

+Any patient given more than 30 mg of methadone must be observed/monitored (mental status, breathing) for 2 hours after each of the first 5 daily doses.

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, setting, circumstances or factors, guidelines can and should be tailored to fit individual needs.

**Methadone:** long-acting full opioid agonist which reduces opioid craving and withdrawal and blunts the effects of opioids. Available in tablet, oral solution, and injection dosage forms.

**Methadone Standard Induction Dosing Titration**

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|---|---|
| **Day 1** | • Administer methadone 20 mg oral<br>• If continued withdrawal/craving and no sedation, give additional 10 mg oral after 8 hours<br>• **Maximum dose in first 24 hours: 30 mg** |
| **Day 2** | • If tolerated, give total dose from last 24 hours<br>• If continued withdrawal/craving and no sedation, give additional 10 mg methadone oral after 8 hours |
| **Day 3-5** | • If tolerated, give total dose from Day 2. Recommended to hold further increase during these days due to pharmacokinetics. |
| **Day 6 onward** | • If tolerated, give total dose from Day 3-5. **Maximum dose given for initiation in the hospital is 40 mg.**<br>• **If patient is requiring more than 40 mg, consult the addiction medicine consult team** |
| **If patient is not tolerating PO/vomiting, give 50% of the intended methadone PO dose in IV/IM form** | |

*Naloxone PRN should be ordered alongside methadone

**Contraindications**

- Hypersensitivity to methadone
- Respiratory depression
- Acute bronchial asthma or hypercarbia
- Paralytic ileus
- QTc prolongation > 500 ms

**Special considerations (in these cases, contact the addiction consult team):**

- Patients with hepatic or renal impairment
  - Methadone has not been extensively evaluated in these patient populations
  - Antiretroviral drugs such as efavirenz, nelfinavir, nevirapine, ritonavir, lopinavir+ritonavir combination are known to reduce the plasma concentrations of methadone
  - Caution in using with other medications that can potentiate QTc prolongation
  - Caution in those recently using benzodiazepines, alcohol, or other sedatives
  - Caution in those recently initiated on antiepileptics (carbamazepine, phenytoin, phenobarbital)

**Prescribing Methadone Laws**

**For Discharge:**

- By law, only a Substance Abuse and Mental Health Services Administration (SAMHSA) certified outpatient treatment program (OTP) can dispense methadone for the treatment of opioid use disorder (OUD). **It is illegal to prescribe methadone for the treatment of OUD, even with an X-waiver.**
  - Consult addiction medicine if patient needs assistance enrolling in a methadone OTP [the 72 hour rule still applies if they come back to the ED]

**While Inpatient:**

- **21 CFR 1306.07 is a federal law which allows a 72-hour window for buprenorphine and methadone to be administered in a medical setting for the treatment of withdrawal. They state clearly in section C: "This section is not intended to impose any limitations on a physician or authorized hospital staff to administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction, or to administer or dispense narcotic drugs to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts."**
  - This means that methadone can be administered for as long as needed in order to treat OUD and avoid complicating any medical conditions.
  - It is not required to have a waivered physician write the methadone order as long as the primary indication for admission is a disorder other than OUD; a waiver is not required.
  - If the patient is admitted solely for OUD, which is rare, then a waivered provider must order the medication after 72 hours.

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