Methadone Quick Start

**Opioid use disorder (OUD) & wants methadone*
No complicating factors****

New start → **Day 1: 30 mg methadone**

In treatment → **Call opioid treatment program to confirm dose*****

Hospitalized Patients

- **Day 2: 40 mg methadone**
- **Day 3: 50 mg methadone**

→ **May administer an additional 10 mg methadone 4 hours after daily dose if no sedation.**

- **Day 4 and beyond: Increase methadone by 10 mg every 3-5 days.**
- If methadone doses do not control withdrawal, short acting opioid agonists can be administered.
- Methadone can be continued throughout hospitalization. No additional licensing required (X-waiver removed, Jan 2023).

DISCHARGE

- **Provide patient with information on how to link to methadone clinic next day, or have them return for doses every 72 hours. Methadone may not be prescribed at discharge for the treatment of OUD.**
- **Patient should have naloxone 4mg/0.1ml in hand at discharge.**

Follow-up clinic (phone, address, intake hours):

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Methadone vs buprenorphine (bup) for patients*

- Methadone ED starts are only suggested when patients are able to follow up in a methadone clinic (OTP) within 72 hours. Work with local clinics to expedite follow up.
- Methadone and bup are both great options that decrease all cause mortality and overdose.
- If a patient is struggling to wait for withdrawal to start bup, methadone may be an option.
- You usually must go to an OTP for daily dosing.
- If methadone dose too high or if mixed with other depressants, may cause sedation.

Complicating Factors**

- RR <10 or sedated
- Low opioid tolerance
- Allergy to methadone
- Known QTc ≥500 (do not need to check EKG to start methadone routinely)
- Recent use of benzodiazepines, alcohol, or other sedatives
- Severe liver disease
- Medically unstable
- Methadone safe in pregnancy & breastfeeding

Patients already in methadone treatment***

- Call clinic to confirm dose amount and when it was last administered.
- If unable to confirm dose, treat as a new start until able to confirm.
- Methadone dispensed from a clinic is never listed in CURES, and some hospitals urine toxicology will not show methadone.
- If 1-2 days missed, administer the full dose.
- If additional days missed, ask the clinic for recommended dosing. Ex: 90% if 3 days missed, 80% if 4 days missed, 70% if 5 days missed, 60% if 6 days missed, 50% if 7 days missed, 40% if 8 days missed.

Regulations

- General acute care hospitals may treat addiction with methadone under their existing license.
- ED may administer methadone for 3 days in a row. If a patient is hospitalized, administer throughout their hospitalization.
- Methadone cannot be prescribed for the treatment of OUD.
- Hospitals can apply to the DEA for a waiver to dispense a 72 hour supply of methadone to help patients connect to a clinic.
- OTPs can only provide methadone if patients have been opioid dependent for at least 6 months.

Pharmacologic notes:

- Can use adjunctive medications for withdrawal symptoms.
- In cases of high tolerance, including fentanyl use, may need additional dose of full opioid agonists to control withdrawal; only while patient is in the hospital.
- Sedation from methadone peaks at 3-4 hours after each dose, patients experiencing sedation should not receive additional doses.
- Half-life of methadone is more than 24 hours, so doses can stack and sedation can occur after multiple days at the same dose.
- Bup should not be given to patients who are currently taking methadone, as this would cause withdrawal.
- Methadone has many significant drug-drug interactions. Before starting new medications, always check the effect on methadone levels to avoid over-sedation or withdrawal.

March 2023

PROVIDER RESOURCES

California Substance Use Hotline
CA Only (24/7)
1-844-326-2626

UCSF Substance Use Warmline
National (M-F 6am-5pm; Voicemail 24/7)
1-855-300-3595

REFERENCES

Methadone Quick Start

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MEDICATION INTERACTIONS

Medications that increase methadone metabolism/decrease methadone effect (INCREASED RISK FOR OPIOID WITHDRAWAL)		
• Phenytoin • Dexamethasone • Ritonavir containing drugs incl: nirmatrelevir/ritonavir (Paxlovid)	• Phenobarbital • Rifampicin/rifabutin • Vitamin C (ascorbic acid)	• Carbamazepine • NNRTIs (efavirenz, nevirapine) • St John's Wort
Medications that decrease methadone metabolism/increase effect (INCREASED SEDATION/CNS DEPRESSION)		
• SSRI Antidepressants • Cimetidine • Chlorpromazine • Azoles	• Fluoroquinolones (increased sedation and prolonged QTc time) • Risperidone • Grapefruit juice	• Diltiazem • Dextromethorphan • Indinavir

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