How to Manage Methadone

Introduction

Unless you work in a federally funded methadone clinic, known as an opioid treatment program (OTP), you won't be managing methadone long term or making dose adjustments on your own. Treating OUD patients with methadone for more than a few days requires collaboration with an OTP, so if you have a patient who needs methadone, don't hesitate to reach out to one nearby, if one is available. You will also see patients on methadone for other psychiatric needs, so you need to know some details about how OTPs operate and how methadone can interact with other medications. For those initiating methadone in an inpatient setting and referring to OTP for follow-up, see "Managing Opioid Withdrawal in the Inpatient Setting" fact sheet.

Methadone Clinics

- A typical initial dose is 20–30 mg, given as a liquid diluted with juice or artificially colored water. Each patient receives the same volume of liquid regardless of the dose.
- The dose is titrated up by 5–10 mg every few days, to an initial target range of 60–80 mg daily. Doses are increased more gradually after that, and most patients end up doing best on 80–120 mg per day, though some patients may need substantially more.
- Patients are initially seen daily. Patients can earn "take-home" doses after a certain period of stability. Take-home doses typically start at two days at a time, usually over weekends, but can extend for as long as 28 days in some settings.
- If patients will be out of town, they can arrange ahead of time to go to another clinic for "guest dosing."
- Patients should be encouraged to stay on methadone, but if they insist on discontinuing, methadone should be tapered very slowly over several months. Typical rate is no more than 5 mg per week.
- Dose adjustments must be done by the patient's outpatient methadone provider. If the patient is hospitalized, the prescriber must get in touch with the methadone clinic to confirm dosing and collaborate if adjustments are needed.

Managing Side Effects

- Methadone is a full opioid agonist and therefore a powerful CNS depressant. It will have an additive effect when combined with other opioids.
- Methadone prolongs the QT interval. Be careful about combining it with other QT-prolonging agents (like antipsychotics). ECG monitoring is essential when managing methadone for medically ill patients who are hospitalized.
- Exercise great caution when combining with other CNS depressants.

Methadone and Psychiatric Meds

- Steer clear of combining methadone with benzos and z-drugs.
- Methadone is metabolized primarily by CYP3A4 (and 1A2, 2D6 to a lesser amount).
  - Inhibitors (some antivirals in particular) can increase levels and lead to sedation.
  - Inducers (ie, carbamazepine) can decrease levels and cause opioid withdrawal.
- See "Medication Interactions" fact sheet for more information.