

OTP TRAINING

Methadone Dose Adjustment Requests

Communicated to Providers by the OTP Nursing Staff

***ALWAYS review the patients dosing history when completing dose adjustment requests**

***Reviewing a recent H&P may be helpful to gather more info when needed**

Scenario 1: (Dose Increase – 5mg)

OTP Clinic

You are approached by a nurse requesting a dose increase for a 29 y/o female patient who is currently on methadone 75 mg daily, and has been on that dose for 1 week. She reports no opioid abuse, close to no cravings, and withdrawal symptoms that start at 4am. The patient typically comes in for her dose at 6am.

How much would you like to increase this patient?

OUD Management

- Increase methadone by 5 mg daily

Scenario 2: (Dose Increase – 10mg – not using fentanyl)

OTP Clinic

You are approached by a nurse requesting a dose increase for a 39 y/o male patient who is currently on methadone 100 mg daily, and has been on that dose for a couple months. The patient denies any recent opioid abuse, he does have some cravings, and has significant withdrawal symptoms that start at 7pm. The patient typically comes in for his dose at 6am.

How much would you like to increase this patient?

OUD Management

- Increase methadone by 10 mg daily

Scenario 3: (Dose Increase – 10mg – using fentanyl)

OTP Clinic

You are approached by a nurse requesting a dose increase for a 28 y/o female patient who is currently on methadone 70 mg daily. She was just started on methadone 6 weeks ago at ATS. Prior to starting methadone, she was insufflating 3 bundles daily. She is now down to 5 bags daily, and feels like her dose is wearing off late in the evening.

How much would you like to increase this patient?

OUD Management

- Increase methadone by 10 mg daily

Scenario 4: (Deny Dose Increase)

OTP Clinic

You are approached by a nurse requesting a dose increase for a 67 y/o male patient who is currently on methadone 30 mg daily for the past week. The patient is requesting a 10 mg increase. He is not using any illicit opioids, and feels like his dose “just isn’t enough.” The nurses state that he looks fine at the window (no visible withdrawal symptoms). Upon reviewing his dosing history and H&P from 3 weeks ago, you see that he was using 2 – 4 pressed fentanyl pills daily prior to starting methadone for chronic pain, and was started on 20 mg for his Day 1 methadone dose.

How much would you like to increase this patient?

OUD Management

- Start by reviewing the intake provider’s H&P for further info (*which was where you gathered his use history prior to starting methadone*)
- Deny dose increase (maybe 3 mg increase at most)
- Have the patient follow-up with one of your OTP providers in person to discuss his methadone dose and how he manages his chronic pain. (*Does he have a PCP? Will a bridge script of ibuprofen or acetaminophen be helpful in the interim?*)

Scenario 5: (Dose Increase – 20mg)

OTP Clinic

You are approached by a nurse requesting a dose increase for a 45 y/o male patient who is currently on methadone 50 mg daily, started recently at your clinic about 10 days ago. Prior to methadone, he was injecting 7 – 8 bundles daily, and is now down to 2 bundles daily and feels like the dose wears off “a few hours after taking it.”

How much would you like to increase this patient?

OUD Management

- Increase methadone by 20 mg daily

Scenario 6: (Dose Increase – 15mg)

OTP Clinic

You are approached by a nurse requesting a dose increase for a 36 y/o female patient who is currently on methadone 95 mg daily for the past 2 months. She reports relapsing 2 months ago with 1 bundle daily intravenous, but never reported this to the clinic until now, and didn’t want to reach out for a dose adjustment until today. She feels like her dose is wearing off in the late afternoon and the nursing staff reports that she has visible withdrawal symptoms at the dosing window.

How much would you like to increase this patient?

OUD Management

- Increase methadone by 15 mg daily
- Recommend ATS if needed