

OTP TRAINING

Methadone Dosing Scenarios

How Would You Dose Them?

Scenario 1: (Very Heavy Use)

OTP Clinic

32 y/o M walk-in to OTP who has been to ATS three times in the last 4 months: "I get too sick. They don't get me enough methadone and I leave in 3 days to go use". Using 50 bags a day fentanyl/opiates for the last 6-12 months. Has had OUD since age 19.

Starting dose and possible planned trajectory?

(Start by asking the patient, "What dose would you find helpful today?")

OUD Management

- Start methadone 50 mg x 1 day, 60 mg x 1 day, then 70 mg QD
- May consider higher starting dose than 50 mg, especially if he was on methadone in the recent past with a known therapeutic dose higher than 50 mg
- Offer to send scripts for withdrawal meds to the pharmacy for acute/post-acute w/d symptoms while he titrates up to a therapeutic dose of methadone

Scenario 2: (Heavy Use + Abscess)

OTP Clinic

21 y/o M walk-in to OTP with 6 months of OUD. Overdosed x 2. Using 30 bags a day of fentanyl/opioids, IV. Shows you an abscess that needs draining and obvious cellulitis.

Starting dose and possible planned trajectory? What are your thoughts on the abscess?

OUD Management

- Start methadone 50 mg x 2 days, then 60 mg QD
- Offer to send scripts for withdrawal meds to the pharmacy for acute/post-acute w/d symptoms while he titrates up to a therapeutic dose of methadone

Infection

- Offer to drain the abscess if equipped to do so in the office.
- At a minimum, prescribe antibiotics, unless the patient is confident that he will be going to the hospital soon. (*Many folks don't have great transportation to the hospital, and/or try to avoid medical facilities altogether.*)

Scenario 3: (Moderate Use)

OTP Clinic

28 y/o M, who has been to ATS multiple times, but never started on methadone, presents to the OTP clinic. Has been insufflating 1 bundle daily on and off for the past couple years, most recently he has been using the past 3 months without a break.

Starting dose and possible planned trajectory?

OUD Management

- Start methadone 40 mg QD
- Offer to send scripts for withdrawal meds to the pharmacy for acute/post-acute w/d symptoms while she titrates up to a therapeutic dose of methadone

Scenario 4: (Light Use)

OTP Clinic

56 y/o F who uses 3-5 "Perc 30s" each day for 2 years. Toxicology if positive for fentanyl only. Never been on methadone. Takes no meds.

Starting dose and possible planned trajectory?

OUD Management

- Start methadone 20 mg QD
- Offer to send scripts for withdrawal meds to the pharmacy for acute/post-acute w/d symptoms while she titrates up to a therapeutic dose of methadone
- Follow-up in 2 weeks to assess methadone dose and withdrawal symptoms

Scenario 5: (Very Heavy Use + Recently on Methadone)

OTP Clinic

44 y/o M who uses 40 bags a day of fentanyl/opioids arrives for new intake with COWS = 16, vomiting. Patient was at OTP 45 days ago at dose of 125 mg. He was “doing great” but got arrested in Worcester County and his treatment was interrupted.

Starting dose and possible planned trajectory?

(Start by asking the patient, “What dose would you find helpful today?”)

OUD Management

- Start methadone 80 mg QD x 2 days, 100 mg QD x 2 days, 115 mg QD x 2 days, then 125 mg QD
- Premedicate with ondansetron before giving first methadone dose today
- Offer to send scripts for withdrawal meds to the pharmacy for acute/post-acute w/d symptoms while he titrates up to a therapeutic dose of methadone

Scenario 6: (Missed Days – No Interim Use of Fentanyl)

OTP Clinic

Patient stable on methadone 105 mg for 2 months. Car broke down and she missed 8 days of methadone dosing consecutively. She did not use any opioids during the interim. Nurses evaluated her and started at 40 mg upon return.

Planned trajectory?

(Start by asking the patient, “What dose would you find helpful today?”)

OUD Management

- Increase methadone to 60 mg x 1 day, 75 mg x 1 day, 90 mg x 1 day, then 105 mg QD

Scenario 7: (Missed Days – Interim Use of Fentanyl)

OTP Clinic

Patient stable on methadone 140 mg for 6 months. Relapsed due to life stressors and stopped coming to the clinic for 14 days. She was using 3 bundles daily, IV for the past 14 days. Nurses evaluated her and started at 90 mg upon return.

Planned trajectory?

(Start by asking the patient, “What dose would you find helpful today?”)

OUD Management

- Return immediately to therapeutic dose of 140 mg QD

Scenario 8: (Missed Days – Interim Use of Street Methadone)

OTP Clinic

Patient stable on methadone 90 mg for years. There was a death in the family, he had to travel unexpectedly, did not set up guest dosing, and missed 14 days of methadone dosing consecutively. He did not use any fentanyl during the interim, but reports buying methadone on the street in a sealed bottle for 75 mg daily for the past 14 days. Nurses evaluated him and started at 40 mg upon return.

Planned trajectory?

(Start by asking the patient, “What dose would you find helpful today?”)

OUD Management

- Return immediately to therapeutic dose of 90 mg QD

When to Avoid Rapid Methadone Induction

- Low opioid tolerance (*ex/prescription opioid use disorder, recent period of recovery*)
- History of sedation on methadone
- Age > 65
- Concomitant use of respiratory depressants
- Medical comorbidities
 - Severe pulmonary disease
 - Cirrhosis
 - CHF
 - Ventricular arrhythmia