



Methadone Dosing Considerations

RAPID METHADONE TITRATION

In some patients, rapid methadone titration may be desired. This approach has limited data but does allow patients to reach a stable methadone dose sooner. This correlates to both a potentially lower risk of patient elopement and risk of readmission for re-titration, without increasing the risk of overdose.

Day 1: 30 mg orally twice daily (60 mg total daily dose)

Day 2: 40 mg orally in morning and 30 mg orally in evening (70 mg total daily dose)

Day 3: 40 mg orally twice daily (80 mg total daily dose)

Disclaimer: *Rapid methadone titration is most appropriate for patients who demonstrate difficulty achieving therapeutic doses in the outpatient setting and/or patients who have experience previously taking methadone.*

ADDITION OF FULL OPIOID AGONISTS TO AUGMENT METHADONE

In cases of high tolerance, including fentanyl use, additional doses of full opioid agonists may be required in addition to methadone to control withdrawal. This is only done while the patient is in the hospital, and is not continued outpatient.

Example:

Day 1:

Methadone 40 mg orally once

+

Morphine ER (MS Contin) 30 mg twice daily

+

hydromorphone 4 mg orally every 4 hours as needed

Day 2:

Methadone 50 mg orally once

+

Morphine ER 30 mg twice daily

+

Hydromorphone 4 mg orally every 4 hours as needed

Day 3:

Methadone 60 mg orally once

+

Morphine ER 15 mg twice daily

+

Hydromorphone 4 mg orally every 4 hours as needed