

POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES

SECTION: INPATIENT PHARMACY SERVICES

SUBJECT: METHADONE GUIDELINES

CODE: 3.13.7
DATE: 4/21/97
REVISED: 4/19/22
APPROVED: Thinkh Tran, Pharm. D.
MEC APPROVED: 6/24/09,2/27/13
PAGES: 1 of 3

POLICY

The administration of methadone at Rancho is limited to pain control and for those patients enrolled in a bonafide methadone maintenance program, where the primary admitting diagnosis is other than methadone maintenance for addiction. These guidelines are in accordance with the State of California Department of Drug and Alcohol Program and the United States Code of Federal Regulations 21 CFR 1306.07 (c) and Health and Safety Code, Section 11217.

Due to the Food and Drug Administration (FDA) Black Box Warning and DHS recommendation, inpatient methadone will be ordered on the “Methadone Inpatient Physician Order Form,” which is located on Rancho’s intranet Forms->Orders; “Methadone Inpatient Physician Order Form.”

PROCEDURE

1. Methadone Inpatient Physician Order Form
 - a All new order for inpatient methadone shall be written on the “Methadone Inpatient Physician Order Form.”

The form can be downloaded from Rancho’s intranet under Forms-> Orders; “Methadone Inpatient Physician Order Form.”
 - b The “Methadone Inpatient Physician Order Form” will be used for new orders and can be used for renewals with the appropriate dose and frequency filled out, and special instructions as appropriate, patient identification information, signature, date, and time by the practitioner.
 - c Methadone orders shall follow the facility’s policy and procedure on automatic stop orders (Pharmacy Policy and Procedure, 3.08.0, Automatic Stop Orders).
 - d Practitioners may renew methadone orders on the Physician Medication and Non-Medication Order form as long as the dose and directions for use remain unchanged.
2. Methadone for Pain Control
 - a. Methadone may be dispensed to inpatients for pain control.
 - b. Outpatient prescriptions are allowed for pain control. The physician must contact the pharmacy for special prescription instructions. Methadone orders must be written on a tamper-resistant controlled substance form.
3. Methadone for Narcotic Opiate Addiction
 - a. A patient on methadone for narcotic opiate addiction may be continued on methadone treatment during inpatient hospitalization, if the following criteria have been validated:
 - (1). The primary care physician has contacted the patient’s methadone clinic for verification of treatment enrollment and maintenance dosage regimen.

Reviewed: 7/30/14ll, 12/28/2018bdk, 4/19/2022 TT

Approved By: 

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- (2). Methadone dosage is consistent with the dosage prescribed by the bonafide treatment program.
- b. Rancho physicians should not initiate treatment, increase or decrease* the dosage or detoxify the patient without consulting with the methadone treatment program medical staff.

* Exceptions include patient receiving: (a) concomitant patient-controlled analgesia (PCA) narcotics; or (b) narcotics for post-operative pain control

- c. If the patient is NOT in a bonafide program, but was admitted to Rancho on methadone for opiate addiction from a transferring facility, the Rancho physician must attempt to detoxify the patient from methadone prior to discharge.
- d. Methadone may be used for an inpatient with symptoms of acute heroin withdrawal, if the patient has been admitted and is being treated at Rancho for a diagnosis other than addiction, e.g. rehabilitation. Methadone for acute heroin withdrawal is a limited treatment regimen. The patient must be tapered off methadone prior to discharge.

METHADONE

Inpatient Physician Order Form

CAUTION: Black Box Warning – Read the warning below before prescribing Methadone to your patient

Deaths, cardiac and respiratory, have been reported during initiation and conversion of pain patients to methadone treatment from treatment with other opioid agonists. It is critical to understand the pharmacokinetics of methadone when converting patients from other opioids (see DOSAGE AND ADMINISTRATION). Particular vigilance is necessary during treatment initiation, during conversion from one opioid to another, and during dose titration. Respiratory depression is the chief hazard associated with methadone hydrochloride administration. Methadone's peak respiratory depressant effects typically occur later, and persist longer than its peak analgesic effects, particularly in the early dosing period. These characteristics can contribute to cases of iatrogenic overdose, particularly during treatment initiation and dose titration. In addition, cases of QT interval prolongation and serious arrhythmia (torsades de pointes) have been observed during treatment with methadone. Most cases involve patients being treated for pain with large, multiple daily doses of methadone, although cases have been reported in patients receiving doses commonly used for maintenance treatment of opioid addiction. Methadone treatment for analgesic therapy in patients with acute or chronic pain should only be initiated if the potential analgesic or palliative care benefit of treatment with methadone is considered and outweighs the risks.

Conditions For Distribution And Use Of Methadone Products For The Treatment Of Opioid Addiction

Code of Federal Regulations, Title 42, Sec 8

Methadone products, when used for the treatment of opioid addiction in detoxification or maintenance programs, shall be dispensed only by opioid treatment programs (and agencies, practitioners or institutions by formal agreement with the program sponsor) certified by the Substance Abuse and Mental Health Services Administration and approved by the designated state authority. Certified treatment programs shall dispense and use methadone in oral form only and according to the treatment requirements stipulated in the Federal Opioid Treatment Standards (42 CFR 8.12). See package insert for important regulatory exceptions to the general requirement for certification to provide opioid agonist treatment.

Failure to abide by the requirements in these regulations may result in criminal prosecution, seizure of the drug supply, revocation of the program approval, and injunction precluding operation of the program.

In accordance with the State Department of Drug and Alcohol Programs, the following guidelines are to be used in the administration of methadone to Rancho Los Amigos NRC patients:

- Methadone may be dispensed to patients for pain control. Usual dose is 2.5 to 10mg orally every 8 to 12 hours.
- Methadone for Narcotic Opiate Addiction – Patient may be continued on methadone treatment during inpatient hospitalization if the following criteria have been validated:
 - 1) The primary care physician has contacted the patient's methadone clinic for verification of treatment enrollment and maintenance dosage regimen.
 - 2) Methadone dosage is consistent with the dosage prescribed by the bonafide treatment program.

Rancho physicians should not initiate treatment, increase or decrease the dosage or detoxify the patient without consulting with the methadone treatment program medical staff. Exceptions may include patients receiving concomitant PCA narcotics or narcotics for post-operative pain control.
- Methadone may be used for a patient with symptoms of acute heroin withdrawal if the patient has been admitted and is being treated at Rancho Los Amigos NRC for diagnosis other than addiction, e.g. rehabilitation. The patient must be tapered off methadone prior to discharge.

Methadone Order:

METHADONE _____ mg PO every _____ hours

Special Instructions:

	IMPRINT I.D. CARD (NAME, MRUN, CLINIC/WARD)
Physician Name Print	Provider #
Physician Signature	Date Time
Unit Clerk/LVN Signature	Date Time
RN Signature	Date Time
Reviewed: 7/30/14ll, 12/28/2018bdk, 4/19/2022 TT	
24-hour Check RN Signature	Date Time