TITLE: STANDARD OPERERATING PROCEDURE Methadone Maintenance: Prescribing, Dispensing and Administration		
EFFECTIVE DATE: 7/1/06	**File Name: CLI.004 SOP Methadone**	**Reference Policy #**
REVIEW/REVISION DATE: Initial	**CREATED BY: R. Thelin, PharmD**	**Approved By: Alex Chebishev, RPh, DOP**

Summary: This procedure covers identification, storage, and dispensing parameters for methadone.

Purpose: To ensure that methadone for addiction maintenance is prescribed, dispensed and administered according to DEA, FDA and State Methadone Authority regulations.

- HRMC does not have a Methadone Detoxification license. Methadone may be used for either pain control (usually BID dosing) or to maintain a patient participating in a methadone maintenance program (MMP, daily dosing of methadone) who is acutely admitted for non-addiction related medical treatment. In the latter case, the methadone dose must be that prescribed by the MMP. HRMC physicians may not initiate methadone detoxification.

Responsibilities:
Physician: order stating the methadone dosage, route, and frequency after verification and notification to the MMP.
Pharmacist: the pharmacist shall retrieve such medication to be identified (to its fullest extent) if patient has own medication available. If unavailable, the pharmacy will dispense the prescribed dose to the patient.
Nurse: the nurse caring for the patient should have all medication identified by the pharmacy before administration.

Procedure:
A. Prior to the initiation of therapy, program enrollment must be verified, including the current dose, and the date and time of the last dose received by the patient. If a change in the established daily methadone maintenance dose is felt medically necessary, the prescribing physician must contact the MMP for approval and document this in the medical record.

The prescriber or designee, must contact the MMP to verify program enrollment as well as methadone dose, including the last date and time the patient received methadone from the Maintenance Center.

- Written documentation of the above, verified information, or the inability to verify information, must appear in the patient's medical record.
- The methadone order for the approved MMP dose (or 40mg if enrollment not established) will be written on the physician's order form.
- Prior to dispensing methadone, the pharmacist will verify the appropriateness of prescribed dose.
- Administration of methadone will follow the same HRMC guidelines for all controlled substances.
- The pharmacy will dispense only a 24 hour supply of methadone each day, signed by the receiving nurse and dispensing pharmacist.

B. In the event that the clinic is not accessible (eg, on a weekend or holiday) or an opioid-addicted patient not enrolled in an MMP is withdrawing and such withdrawal is compromising medical treatment, medical literature supports using up to 40 mg of oral methadone solution during the initial 24 hours as described in the following table (Alexander 1996, Khantzian 1979). The goal of such treatment is not to detoxify or maintain the patient on methadone, but to ensure medical treatment is not compromised by the symptoms of acute withdrawal. Aside from methadone, prescribers are encouraged to use non-opioid pharmacologic treatments for acute withdrawal as deemed appropriate, including clonidine and muscle skeletal relaxants.

Table 1: Severity of Opioid Withdrawal and Per Dose Methadone Dosing

Signs & Symptoms	Initial Methadone Dose to be repeated as needed up to 40 mg/24 hr cumulative dose
Grade 1: lacrimation, rhinorrheadiaphoresis, yawning, restlessness, insomnia	5 mg
Grade 2: Dilated pupils, pilorection, muscle twitching, myalgia, arthraglia, abdominal pain	10 mg
Grade 3: Tachycardia, hypertension, tachypnea, fever, anorexia, nausea, extreme restlessness	15 mg
Grade 4: Diarrhea, vomiting, dehydration, hyperglycemia, hypotension	20 mg

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Symptoms are reassessed and, if continuing to interfere with medical care and unable to be managed with non-opioid agents such as clonidine, an appropriate dose may be repeated based on symptomatology to a maximum of 40 mg in the initial 24 hours of withdrawal. Therefore, daily dosing of methadone solution is not appropriate for the management of acute withdrawal; prescribers should dose as required by clinical assessment of symptoms over the 24 hour interval.

C. Patients requiring methadone treatment for acute withdrawal must be referred to social work for assessment for outpatient rehabilitation.

REFERENCES:

Alexander B. Management of Opioid Withdrawal. Clinical Psychopharmacology Seminar, 1996.Accessible at http://www.vh.org/adult/provider/psychiatry/CPS/34.html.

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Khantzian EJ, McKenna GJ. Acute toxic and withdrawal reactions associated with drug use and abuse. Ann Int Med 1979;90:361-72.

Narcotic Addict Treatment Act of 1974, U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control.

COMMITTEE APPROVALS:

P&T Committee 7/06