

What Is Methadone?

- A schedule II medication approved by the FDA to treat opioid use disorder (OUD) [in 1972](#). It is a long-acting opioid agonist that helps reduce cravings and withdrawal symptoms, blocks the effects of other opioid agonists, stabilizes brain chemistry, significantly reduces overdose, and supports long-term recovery.
- One of three FDA-approved medications for OUD (alongside buprenorphine and naltrexone) that can be administered in an [oral tablet, ready-to-dispense liquid, or a water-dissolvable diskette](#).
- Methadone is also approved for the treatment of pain but follows different regulations than when used for the treatment of OUD. Guidelines for pain management with methadone can be found [here](#).

What Patients Could Benefit From Methadone?

- Patients with moderate to severe OUD, especially with long-term or high-potency opioid use such as fentanyl
- Individuals who have not responded adequately to buprenorphine
- Patients who benefit from daily structure and monitoring
- Pregnant patients with OUD
- Patients with co-occurring chronic pain, where methadone may treat both pain and OUD

How Is Methadone for OUD Accessed by Patients?

- Methadone is administered through the Opioid Treatment Program (OTP). OTPs must be certified and accredited under state and federal regulations to dispense methadone for OUD.
 - A list of licensed OTPs in Maryland can be found [here](#).
- Some settings, such as hospitals that are not licensed OTP but have specific FDA approval, are now permitted to dispense methadone for [3 days](#) to support patients who have a gap in methadone treatment or need to be initiated on methadone treatment.
- In 2024, [OTP regulations were expanded](#) to allow for less restrictive take-home methadone flexibilities, when clinically appropriate, with the following maximum take-home quantities:
 - Up to 7 days during the first 14 days of treatment
 - Up to 14 days starting day 15
 - Up to 28 days starting day 31

What Are Clinical Considerations When Starting Methadone?

- [Clinical benefits](#) include reduced illicit opioid use and cravings, reduced overdose risk, and improved retention in treatment and quality of life.
 - The first day total dose of methadone is typically 30 mg and should not exceed 50 mg. Determination of dose should be patient centered. Higher starting doses are often required in patients with increased tolerance due to the use of high-potency opioids such as fentanyl.
- [Side effects and safety concerns](#) associated with methadone, including sedation, respiratory depression, accidental overdose, and QTc prolongation, should be monitored during initiation or dose changes.
 - Because of the increased risks of respiratory depression, methadone carries a FDA black box warning on the increased risks of respiratory depression.
 - Overdose risks are also elevated for older adults, patients with respiratory illnesses, or patients using other sedatives.
- Given the above safety concerns, naloxone/Narcan should also be prescribed/provided.
- Methadone treatment for OUD may be short- or long-term, with some patients remaining in [treatment for decades](#), depending on clinical needs.

When to Contact MACS

Questions related to the initiation and maintenance of methadone along with any general support requests when working with patients with substance use disorders and chronic pain

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