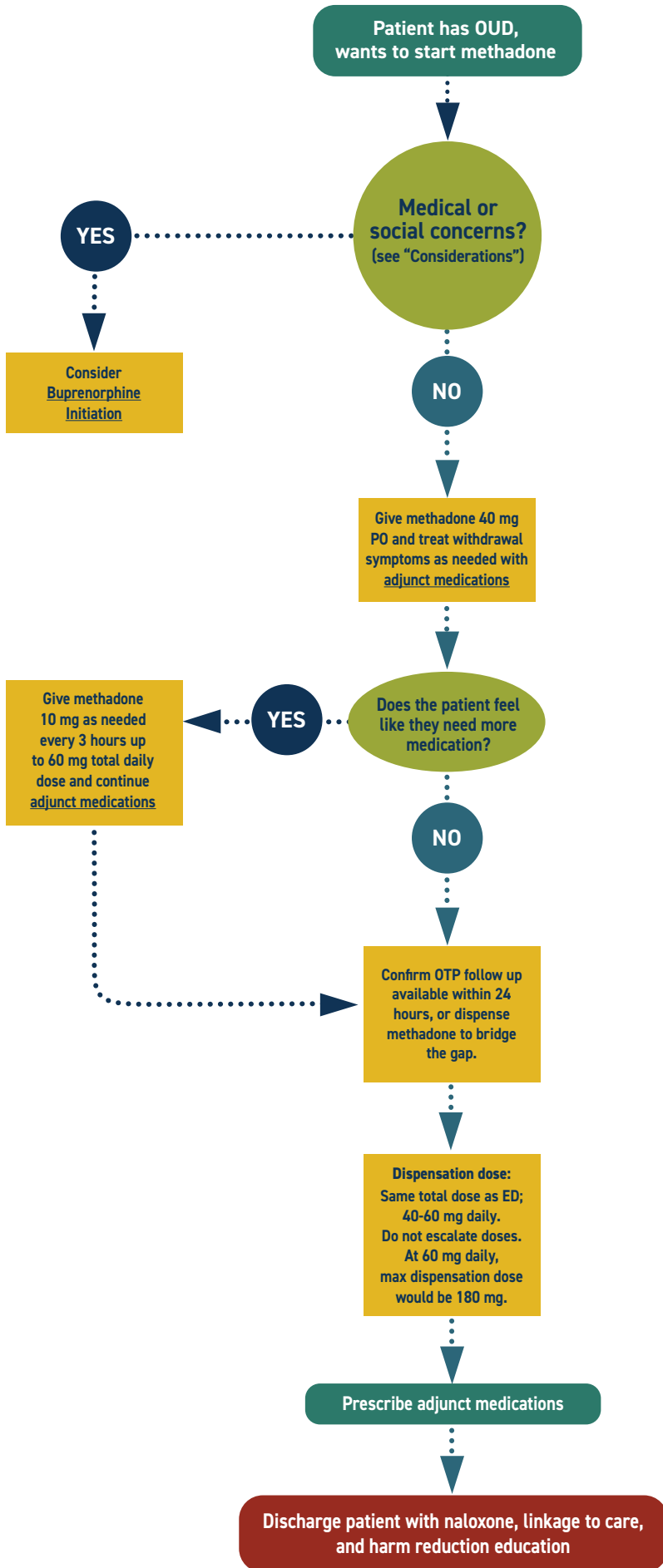


Methadone Initiation



Methadone dispensation

Patient may be dispensed up to a 3-day supply of methadone to bridge the gap between discharge and OTP follow up in accordance with 21 CFR 1306.07(b). Referral to care is required.

- ### Considerations
- Age over 65
 - Concurrent sedative use
 - COPD with oxygen requirement
 - Underlying heart disease (potential for QT prolongation)

Check if the patient can reliably connect with an OTP. Consider how far it is, their transportation options, daily dosing requirements, and whether the OTP is accepting new patients. Make sure the patient understands how the OTP works and what to expect.

Don't start methadone unless the OTP can see the patient within 24 hours or there are available appointments or walk-in slots within 72 hours *and* your hospital has an established process for methadone dispensation.

Communicate with the OTP. At the very least, provide them with records of when and what dose of methadone was given to the patient.

Methadone can have significant drug-drug interactions, which should be reviewed prior to initiation.

Consider screening for HIV, HCV, STIs, and mental health comorbidities.

Program partners

Washington State Health Care Authority
 ADAI - ADDICTIONS, DRUGS & ALCOHOL INSTITUTE
 UW Medicine - DEPARTMENT OF EMERGENCY MEDICINE
 UNIVERSITY of WASHINGTON - PSYCHIATRY & BEHAVIORAL SCIENCES
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