

Methadone for Opioid Use Disorder: Indications, Contradictions, and Precautions

Methadone induction should be done in consultation with an Addictions specialist

Indications

- Treated and stable on methadone at the time of admission
- Treated with buprenorphine at a maximal dose of at least 25 mg daily and still experiencing urges to use opioids and using illicit opioids
- Unable to be treated with buprenorphine or naltrexone
- As an aid to maintain abstinence from opioids and as part of a comprehensive psychosocial substance use treatment program

If methadone treatment is present at admission, it should be continued pending completion of initial workup and chart documentation.

Contraindications

- Hypersensitivity to methadone or any component of its formulation
- Acute asthma or severe respiratory conditions that result in abnormally high carbon dioxide levels
- Current paralytic ileus
- [Corrected QT interval](#) of >500 ms
- Current treatment or treatment within the last day for oral and 28 days for long-acting injectable naltrexone
- Current treatment or treatment within the last 8 hours with a mild-dose opioid partial agonist (e.g., buprenorphine)

Precautions

- Respiratory Depression: Patients who are older, cachectic, or who have COPD are more susceptible. Treat cautiously with lower doses
- Concurrent Substance Use: Active substance use disorders involving benzodiazepines and/or alcohol increase risk
- Withdrawal Risk: Rapid taper or abrupt discontinuation of a stable dose of methadone will result in opioid withdrawal
- Misuse or Abuse: Monitor patients for medication diversion
- Cardiac Risk: QT interval prolongation and cardiac arrhythmia are potential concerns
- Pregnancy: Methadone may be used during pregnancy if the potential benefit justifies the risk
- Neonatal Abstinence Syndrome (NAS): Occurs in newborns of mothers treated with methadone. Although methadone passes into breast milk, breastfeeding should generally be encouraged
- Physiological Dependence
 - Cognition and psychomotor performance may be affected
 - Moderate to severe hepatic impairment
 - Adrenal Insufficiency