

Commercially Available Methadone for Opioid Agonist Therapy (OAT): Prescriber Information





POLICY CHANGES

As of **September 1, 2022**, some additional commercially available methadone 10 mg/mL oral concentrates will be listed as benefits on the Saskatchewan Formulary of the Drug Plan and Extended Benefits Branch (SK DPEBB).

These products are already listed on the Non-Insured Health Benefits (NIHB) Drug Benefit List. People taking methadone must be transitioned to one of these products once coverage is in place, and it is confirmed that the pharmacy has it in stock and is prepared to begin dispensing it.

Only some pharmacies will be authorized to compound methadone after November 30, 2022, and only in exceptional circumstances.

Methadone 10 mg/mL brand and formulation:

Product*	Recommended as OAT in SK?^
Metadol-D®	
Methadose™ Sugar-Free	 Caution advised. Unknown if effect will be similar to compounded methadone.
Metadol®	 Indicated for pain only.
Methadose™ Cherry-Flavour	 Documented serious risk of contributing to lack of effect and clinical destabilization.

*Products are **not interchangeable**

^ At the same doses, there may be a link between switching methadone products and the risk of lack of effect. For additional information and references, see medSask's website at: <https://medsask.usask.ca/oat/methadone-hcp.php>

PRODUCT SELECTION

- Either Metadol-D® or Methadose™ Sugar-Free may be prescribed—both products are clear, unflavoured, must be diluted in a flavoured crystalline drink mix (e.g., Orange Tang™, Grape Crystal Light™).
- It is safer for pharmacies to dispense a single product, whenever possible.
- **Metadol-D® may be preferred** by people taking methadone and clinicians as a first choice, as some have advocated it is most similar in effect to compounded methadone.

PRESCRIBING INFORMATION

- In addition to the current requirements, methadone prescriptions must specify the **brand and formulation**: Metadol-D® or Methadose™ Sugar-Free
 - e.g., If selecting Metadol-D®, ensure the prescription includes the “-D” (plain Metadol® is for pain only).
 - e.g., If selecting Methadose™, ensure the prescription specifies the Sugar-Free formulation (Methadose™ Cherry-Flavoured is not recommended as a first choice).
- **Prescribe the same dose as before** when converting from one methadone product to another (e.g., 60 mg of compounded methadone = 60 mg of the commercial methadone concentrate).
 - Remember, the methadone dose **must be written in milligrams (mg)**.
- Document the brand and formulation of methadone and keep it consistent from prescription to prescription. Products are **not interchangeable** and a new prescription is required to change the brand or formulation.
 - Call the pharmacist if planning to change brands to ensure they have it in stock.

Under the *Section 56 Exemption*, pharmacists are not authorized to prescribe for this change in prescription. A verbal order may only be accepted after every effort has been made to send a written or e-prescription.

SUMMARY OF KEY POINTS

- **All people taking compounded methadone will need a new prescription** for transitioning to a commercially available concentrate **before November 30, 2022**.
- Collaborate with people taking methadone and their pharmacists to select a brand and formulation. **Metadol-D® may be preferred**.
- **Continue the same dose** when switching to the new product.
- **The brand and formulation must be specified on the prescription.**
- Proactively call the pharmacy to confirm the product is in stock and the preferred date for the switch.
- Follow up is strongly recommended after making the change to ensure clinical stability is maintained.
- Encourage people taking methadone to discuss any concerns they have with you as early as possible (before and after the change).

RESPONDING TO CLINICAL DESTABILIZATION

There is a risk of destabilization with any change of OAT.

- Serious destabilization has been reported with the Methadose™ Cherry-Flavoured product.
- It is unknown if there is a difference in destabilization risk between formulations.

Validate, reassure, and address the concerns of people who report a lack of effect in the first few days after switching to a new methadone formulation.

If withdrawal or destabilization occurs, prescribers might consider one of the following prescription modifications:

- Switch to a different methadone brand and formulation (e.g., from Methadose Sugar-Free to Metadol-D).
 - Switching to Metadol-D is the recommended approach by some people with lived experience.
 - Remember to call the pharmacist to ensure they have the product in stock.
- Divide the methadone dose, such as to split the total daily dose to twice daily (e.g., methadone 100 mg PO daily could be divided to 50 mg PO BID).
 - This approach **may not be feasible** if take-home doses are deemed unsafe in the clinical circumstance and/or the person is unable to attend the pharmacy twice in a day.
- Trial an increase in the methadone dose (e.g., by 5-10 mg, no more often than every 5-7 days).
 - If the medication is wearing off in advance of 24 hours, a dose increase **may not be sufficient** to overcome this effect.
- Consider whether an alternate form of OAT, such as a buprenorphine product, might be appropriate (e.g., if clinical stability cannot be achieved with these methadone adjustments, or if the person wishes to explore a different option).
 - Note: buprenorphine may be less effective than methadone for people who use high opioid doses, e.g., large amounts of regular fentanyl.
- Consult with an expert in prescribing OAT and/or addiction medicine as required.

FOR MORE INFORMATION

Visit [medSask's website](#) to learn about:

- The background and reasons for the change
- Product availability and selection
- An overview of the Methadose™ Cherry-Flavoured formulation in British Columbia—where people reported doses wearing off early and associated withdrawal symptoms
- Tips for proactive communication with people taking methadone

NOTE:

The information in this document does not address methadone used for the indication of pain. Clinicians who prescribe methadone must also ensure people receiving compounded methadone exclusively for pain are transitioned to the appropriate commercially available product.

- The commercially available methadone brand for pain is Metadol®.
 - Metadol® is listed on the SK DPEBB Formulary (under the Exception Drug Status Program) and the NIHB Drug Benefit List (prior approval is required) as tablets, a 1 mg/mL solution, and a 10 mg/mL concentrate.



FOR MORE INFORMATION AND TO VIEW
THIS DOCUMENT'S REFERENCES PLEASE VISIT:
[https://medsask.usask.ca/professional-practice/
methadone--information-for-people-healthcare-providers](https://medsask.usask.ca/professional-practice/methadone--information-for-people-healthcare-providers)

