



OPIOID AGONIST TREATMENT UPDATE- Methadone Formulation Options UPDATE: May 28, 2019

IMPORTANT UPDATE: Metadol-D® is now available as a regular coverage benefit and prescribers may offer this medication to patients. Prescribers DO NOT need to submit a special authority form to cover patients.

Background: In 2014, B.C. changed the formulation of benefit methadone covered by PharmaCare from a 1mg/mL pharmacy compounded formulation to Methadose™, a commercially available 10mg/mL cherry-flavoured solution. Since this formulation change, it has been reported that many patients who had previously been stable on the 1mg/mL formulation of methadone have experienced inadequate management of withdrawal symptoms and re-initiation of illicit drug use. This is reflected in peer-reviewed research studies referenced at the end of this document.¹⁻³

Methadose™ (10mg/mL):

- Methadose™ is a cherry-flavoured 10mg/mL methadone solution.
- Methadose™ is eligible for coverage under the income-based Fair PharmaCare plan, and is 100% covered for those enrolled in PharmaCare Plan C (Income Assistance), Plan G (Psychiatric Medications), and Plan W (First Nations Health Benefits).

Metadol-D® (10mg/mL):

- Metadol-D® is a clear, colourless, and unflavoured 10mg/mL solution
- Metadol-D® must be diluted to 100mL in a suitable beverage (Crystal Light, Tang, etc.) to reduce the risk of diversion (see Dispensing Information for Pharmacists).
- Metadol-D® (10mg/mL) is a Health Canada-approved formulation of methadone that is now eligible for regular benefit coverage under the income-based Fair PharmaCare plan, and is 100% covered for those enrolled in PharmaCare Plan C, Plan G, and Plan W.
- Stock of Metadol-D® is now widely available.

***Metadol** was temporarily covered by PharmaCare on an exceptional basis, but **coverage is no longer available** now that supply issues have been resolved. Methadose™ and Metadol-D® are both available as regular benefit medications.

Transitioning your patient from Methadose™ to Metadol-D®:

1. Discuss potential risks and benefits of the transition with your patient.
2. If a shared decision is made to switch methadone products, document the discussion, decision, and your clinical rationale carefully in the patient's medical record.
3. Write a new prescription for **Metadol-D®** (on the same prescription to allow for dispensing of whatever is available at the time) using the standard **BC Methadone Maintenance Treatment Controlled Prescription Program Form**. (See example prescription on p. 3).
4. Call the patient's pharmacy and discuss the switch to ensure the product is available in adequate quantities.



Starting New Patients on Methadone (formulation options)

- It is at the discretion of the treating prescriber to discuss all OAT options including methadone formulation options when initiating opioid agonist treatment
- For clinical guidance on prescribing Metadol-D® for the treatment of individuals with opioid use disorder, please refer to Appendix 1 of the [MoH/BCCSU Guideline for the Clinical Management of Opioid Use Disorder](#).

Prescribing Information for Clinicians

- Prescriptions for Metadol-D® (10mg/mL) must use the **BC Methadone Maintenance Treatment Controlled Prescription Program Form**. An example prescription is provided on the next page.
- For clinical guidance on prescribing Metadol-D® for the treatment of individuals with opioid use disorder, please refer to Appendix 1 of the [MoH/BCCSU Guideline for the Clinical Management of Opioid Use Disorder](#).

Dispensing Information for Pharmacists

- **Pharmacists can contact the PharmaCare Help Desk if experiencing shortages of Metadol-D® (Vancouver Lower Mainland 604-682-7120, Toll Free 1-800-554-0225).**
- Prescribing clinicians should use the **BC Methadone Maintenance Treatment Controlled Prescription Program Forms** for Metadol-D® prescriptions.
- The Metadol-D® product DIN is 2244290 for ordering purposes only. Pharmacists must use the appropriate PseudoDIN (PIN) when processing prescriptions for Metadol-D.
- *Reminder:* Pharmacists must review each individual PharmaNet patient record, as stated in HPA Bylaws (Schedule F Part 1), and resolve any drug-related problems prior to dispensing any methadone prescription. The automated drug usage evaluation (DUE) built into the PharmaNet system does not include methadone. Pharmacists providing methadone maintenance treatment, including Metadol-D®, must therefore ensure they maintain their knowledge with respect to potential drug interactions related to methadone.

PINs and DINs for PharmaCare claims for opioid agonist treatment (OAT) for opioid use disorder can be accessed on the PharmaCare website:

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies/product-identification-numbers/oat-pins-and-dins>

To reduce the risk of diversion of Metadol-D®

- The unflavoured 10mg/mL solution must be diluted to 100mL with a suitable beverage (Crystal Light, Tang, etc.) prior to dispensing to a patient.
- Refer to the product monograph for additional information, available here: http://www.paladin-labs.com/our_products/Metadol-D_En.pdf



BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

Networking researchers, educators & care providers

BC METHADONE MAINTENANCE TREATMENT CONTROLLED PRESCRIPTION PROGRAM FORM
Take to pharmacy of choice.
PLEASE PRINT

PERSONAL HEALTH NO. 123456789		PRESCRIBING DATE 16 12 04 YEAR MONTH DAY	
PATIENT FIRST NAME John	PATIENT INITIAL X	PATIENT LAST NAME Smith	
STREET 123 45th Street			
CITY Anytown	PROVINCE BC	DATE OF BIRTH 76 02 26 YEAR MONTH DAY	
Rx: DRUG NAME AND STRENGTH METHADONE 10 mg/ml		DUE TO THE PATIENT'S IMMOBILITY, I CONFIRM DELIVERY IS REQUIRED.	
QUANTITY 420 mg		ALPHA four hundred twenty mg	
START DAY: 2016 12 04 LAST DAY: 2016 12 10 YYYY MM DD YYYY MM DD			
DIRECTIONS FOR USE METHADONE 60 mg/day		CIRCLE ONE DWI CARRIES SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY	
SPECIAL INSTRUCTIONS Metadol-D		PRESCRIBER'S SIGNATURE 	
PRESCRIBER'S INFORMATION DR. WENDY OSLER 543 21st AVE ANYTOWN BC V2K 2B6		CPSID 12345 67	
		FOLIO 12345678	
PHARMACY USE ONLY			
RECEIVED BY: PATIENT OR AGENT SIGNATURE		SIGNATURE OF DISPENSING PHARMACIST	

PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE

PRESS HARD
YOU ARE MAKING 2 COPIES
PRINTED IN BRITISH COLUMBIA

Example Prescription:

- Patient on stable dose of 60mg/day methadone transitioning from Methadose™ to Metadol-D® (7-day supply)
- Use designated Methadone Prescription Pad and fill out as per usual procedure
- No adjustment to daily dose (mg/day) is required, i.e., 60mg/day Methadose™ = 60mg/day Metadol-D®
- Write "**Metadol-D**" in Special Instructions field
- For new prescriptions, it is recommended to **call the patient's pharmacy first** to ensure that Metadol-D® (DIN 2244290) is in stock and available

References:

1. Greer et al. Patient perspectives of methadone formulation change in British Columbia, Canada: outcomes of a provincial survey. *Subst Abuse Treat Prev Policy*. 2016; 11:3.
2. McNeil et al. Negotiating structural vulnerability following regulatory changes to a provincial methadone program in Vancouver, Canada: a qualitative study. *Soc Sci Med*. 2015; 133:168-176.
3. Socias et al. Unintended impacts of regulatory changes to British Columbia Methadone Maintenance Program on addiction and HIV- related outcomes: an interrupted time series analysis. *Int J Drug Policy*. 2017; 45:1-8.