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PSYCHIATRY

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PATIENT EDUCATION

Methadone

Methadose / Dolophine / Generic formulations / Schedule II

A guide for adults taking methadone.
Follow the directions on your prescription and your provider's recommendations.

FOLLOW YOUR TREATMENT PROGRAM'S PLAN

CONTACT THE PROGRAM AFTER MISSED DOSES

Formulations: Oral liquids, concentrates, tablets, and dispersible tablets have different preparation instructions. For opioid use disorder, follow the treatment program's exact dose and schedule. Do not estimate a liquid dose or substitute a different concentration.

What it is used for

Methadone treats opioid use disorder by reducing withdrawal and cravings. In the United States, ongoing methadone treatment for opioid use disorder is generally provided through a certified opioid treatment program. It is also used for certain pain conditions, with different prescribing arrangements.

What to expect over time

Withdrawal and cravings may improve early, but finding a stable dose requires careful follow-up. Excessive sleepiness is a warning sign, especially when starting, increasing, or restarting treatment.

Treatment may continue long term. There is no single duration that fits everyone. Ongoing medication and recovery support can help protect against relapse and overdose.

How it works

Methadone is a long-acting opioid agonist. It activates opioid receptors steadily when the dose is appropriate. Its effects build over several days, so taking extra before a dose has fully accumulated can cause dangerous breathing suppression.

Taking your medication

- Take only the dose given or prescribed by the treatment program. Do not take extra for cravings or anxiety.
- Measure liquid with the supplied dosing device. Dispersible tablets must be prepared as directed rather than swallowed whole.
- If you miss a dose, contact the program. Do not make up the dose or resume your usual dose after a gap without instructions.
- Tell emergency and hospital staff your program, last dose, and dose time so they can verify treatment and avoid duplicate dosing.

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METHADONE / 02

Side effects and safety

Possible side effects

- Constipation, nausea, or sweating
- Drowsiness or dizziness
- Sexual or hormonal changes
- Dry mouth

Keeping track of treatment

Some side effects resolve with time; others may require a change of medication. Discuss persistent or bothersome side effects with your provider.

Your program monitors withdrawal, cravings, sedation, and other substance use. ECG and electrolyte testing may be needed because methadone can prolong the QT interval and cause an abnormal heart rhythm.

Keep naloxone available and teach someone close to you how to use it. A methadone overdose can last longer than naloxone's effect and needs emergency monitoring.

If you take too much

For a suspected overdose, call Poison Control at **1-800-222-1222** immediately, even if you feel well. Call 911 for a seizure, collapse, trouble breathing, or inability to wake.

Before you start

Discuss sleep apnea, lung disease, fainting, heart-rhythm problems, liver disease, and all alcohol, benzodiazepine, opioid, or other sedative use.

Tell your program promptly about pregnancy or pregnancy plans. Methadone is an established treatment option for opioid use disorder during pregnancy; do not stop it abruptly. Coordinate prenatal care and discuss breastfeeding with your providers.

Medicines and interactions

Review all your medications with your provider, including over-the-counter medicines and supplements. Have new medications checked before taking them.

Alcohol, benzodiazepines, sleeping pills, and other sedatives can cause dangerous breathing suppression. Tell your program about them; do not independently stop a prescribed sedative or conceal its use.

Certain antibiotics, antifungals, seizure medicines, and antidepressants can change methadone levels or heart-rhythm risk. Naltrexone can trigger severe withdrawal. Switching to buprenorphine requires a coordinated plan.

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METHADONE / 03

Living with your treatment

When to get help

Emergency symptoms. Call 911 for slow breathing, inability to wake, collapse, or blue or gray lips. Give naloxone if available and follow the dispatcher's instructions. Fainting with palpitations also needs emergency care.

Prompt medical advice. Contact the program promptly for increasing sleepiness, persistent dizziness, palpitations, uncontrolled cravings, or missed doses. Do not take an extra dose to manage these symptoms.

If you feel unsafe or have thoughts of self-harm, call 911 or go to an emergency department.

Your questions answered

Is physical dependence the same as uncontrolled addiction?
No. Dependence means withdrawal can occur when treatment stops. The goal of a supervised dose is stable functioning and reduced harm, without intoxication.

Can I stop once I feel stable?
Consult with your treatment program. A gradual, individualized plan is essential. After stopping, tolerance falls and returning to a previous opioid dose can be fatal.

Can my psychiatry office simply refill it?
For ongoing opioid-use-disorder treatment, dosing and take-home supplies are generally managed by the opioid treatment program. Coordinate changes with that team.

Everyday tips

Arrange program visits and travel plans early. Keep contact instructions available for missed visits.

Avoid driving while sleepy or before you know how a dose change affects you.

Storage and safety

Lock take-home medication securely in its labeled container. Even one dose can kill a child or another person. Never share it. Follow your program's disposal and take-home instructions.

Sources

MedlinePlus: Methadone (accessed 2026)
SAMHSA: Methadone treatment information (accessed 2026)
CDC: Opioid use disorder treatment during pregnancy (2024)

Educational handout; does not replace your prescription or provider's recommendations.