

Proposed shared care responsibilities for the prescribing and monitoring of methadone in palliative patients

Palliative medicine specialist responsibilities

- Assess patient suitability for pain control with methadone and obtain informed consent
- Consider and assess for the risk of long QT syndrome ([Download the Opioid Monitoring chart](#))
- Initiate and titrate the dosage regimen for methadone
- Assess response and side effects and prescribe for minimisation of side effects
- Arrange shared care with the general practitioner when the patient is managed on a stable regimen. Written communication with the general practitioner must include:
 - A copy of the shared care guideline
 - A contact for urgent queries out of hours and a letter stating that patient takes methadone for pain
 - A detailed letter outlining the individual patient's dosing regimen
- If shared care is not agreed or in place in the locality, arrangements must be made prior to discharge as to how prescribing and obtaining methadone will continue
- Notify hospice or hospital pharmacist and forward details to the community pharmacist nominated by the patient so community supplies can be obtained
- Notify community and specialist nurses
- Ensure that all patients when discharged to their general practitioner for management have at least 14 days' supply to ensure continuity of supply at home
- When prescribing state, the formulation, strength and colour and the number of milligrams to be taken with frequency, the total quantity in words and figures (e. g. methadone oral blue 10mg/ml solution, 20mg TDS, supply one hundred and fifty (150) millilitres)
- Review the patient's response and continuing appropriateness of methadone at regular intervals. This may be facilitated by the Community Specialist Palliative Care Team.
- Stop the treatment when it is no longer considered to be appropriate.

General Practitioner responsibilities

- Referral to specialist when symptoms fail to respond to the management of analgesia or when change in the administration route may be indicated
- Review of the patient at regular agreed intervals to monitor control of symptoms
- Identify adverse effects and report them to the specialist in palliative medicine
- Continue prescribing methadone (where agreed locally) and ensure supply through designated community pharmacy
- When prescribing state the strength of the liquids, tablets or ampoules to be used in addition to the dose prescribed.
- Liaise with community and specialist nurses.

Community pharmacist responsibilities

- To order and supply methadone and complete and maintain appropriate records
- Preparations: methadone is available in several commercial formulations however not all of these are licensed for pain relief. The following preparations are most commonly used for analgesia:
 - a. [Methadone 5mg tablets](#)
 - b. [Methadone liquid 10mg/ml \(blue and bitter tasting\)](#)
 - c. [Methadone liquid 20mg/ml \(caramel colour and bitter tasting\)](#)
 - d. [Methadone injection 10mg/ml \(1ml, 2ml, 3.5ml and 5ml ampoules\)](#)
 - e. [Methadone injections 50mg/ml \(1ml ampoules\)](#)
- We recommend using only one formulation of methadone at a time, either tablets, oral solution or injections to avoid confusion between volume and milligrams.