Methadone Dose Conversion Guidelines
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Advantages: Potency, infrequent dosing, effect on neuropathic pain, usable in renal failure, low cost
Disadvantages: Variable t ½, can accumulate with high doses, difficult equianalgesic conversion

Direct Morphine-Methadone Conversion *

<table>
<thead>
<tr>
<th>24 hour total dose of oral morphine</th>
<th>Conversion ration oral morphine to oral methadone</th>
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<tbody>
<tr>
<td>&lt; 30 mg</td>
<td>* 2:1 (2 mg morphine to 1 mg methadone)</td>
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<tr>
<td>31-99 mg</td>
<td>* 4:1</td>
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<tr>
<td>100-299 mg</td>
<td>* 8:1</td>
</tr>
<tr>
<td>300-499 mg</td>
<td>* 12:1</td>
</tr>
<tr>
<td>500-999 mg</td>
<td>* 15:1</td>
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<tr>
<td>&gt;1000 mg</td>
<td>* 20:1</td>
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Some caveats:
- Give q 6h first day for faster onset, and then BID or TID in divided doses
- Use added caution in higher doses, as half life may increase even further
- Always advise to “hold dose for sedation”
- Generally don’t increase daily dose more often than q 4-7 days
- Remember, small dose changes can have major effect on blood level
- Initial doses should never exceed 240 mg methadone per day; if you are approaching this dose, consider giving 30 mg q 3 hr pm, hold for sedation
- Increase methadone levels with antivirals, keto or fluconazole, cipro, emycin
- Decrease methadone levels with dilantin, tegretol, steroids, rifampin, chronic etoh

Morphine-Methadone Conversion (Morley-Markin Model)
- Give 10% of the total daily morphine dose q 3h prn (hold for sedation)
- N.B. Dose should never exceed 30 mg q3h prn to start
- Can give an additional 2 doses pm bringing the total daily number of doses to 10
- Day 6, take the average daily dose given over the last 48 hours; give as divided dose BID or TID

Some additional caveats about Morley-Markin:
- Relatively simple, but need very reliable patient/family/staff, as risk of taking too much is high
- Dose calculations at 360 mg oral morphine radically different (MM would be methadone 30 mg q 3h prn; standard conversion would be 30 mg per day!)

What to do about prn’s?
- Maintain short acting medication if you have one that works, or
- Give 1/6 to 1/10 of total daily methadone dose 2-3 times per day maximum
- Remember, small dose changes of methadone have large impact if taken regularly

Methadone to Morphine Conversion
- Minimal data; often difficult given the multiple receptors that methadone affects
- Start with oral methadone: oral morphine of 1:1 to 1:3
- Be prepared to increase dose rapidly

Practical Facts
- Pills 5, 10, 40 mg; Liquid 1mg/cc, 2mg/cc, 10mg/cc; Parenteral 10mg/cc; Parenteral:oral 1:2
- Cost of methadone: 1/10 MS Contin, 1:15 Oxycontin, 1/20 Duragesic
- Get help if converting from large doses of other opioids, if converting to IV, or if inexperienced

Some Key References