

New methadone products available: Information for health care providers

What's happening?

Two methadone products have been added to the Ontario Drug Benefits Formulary as of August 31, 2022:

- Odan methadone (10mg/mL): **Colourless, unflavoured, and unsweetened** (similar to Methadose)
- Jamp methadone (10mg/mL): **Blue, unflavoured, and sweetened** with sorbitol

How will this affect people on methadone?

These products have been deemed bioequivalent and therefore interchangeable with Methadose. This means there should be no significant differences in the rate or extent to which oral medications are absorbed and active in the body (CADTH, 2012). Both products have the same concentration as Methadose (10mg/mL), and all methadone oral concentrates will continue to be diluted in 100mL of a fruit drink prior to dispensing. However, some people on methadone may experience a change (e.g., sedation, withdrawal symptoms) if they receive a new product, and people receiving the Jamp product will notice a different colour and flavour.

Starting September 29, 2022, only the equivalent cost of generic methadone will be reimbursed by the province. People whose medications are covered on ODB may have to pay the difference in price to receive Methadose.

Of note, the cost of Methadose (\$55.39 per litre) is currently very close to that of the generic products (\$52.50 per litre).

Due to the challenges of managing multiple stock bottles of methadone oral concentrate, pharmacies typically stock only a single formulation. The brand that each pharmacy chooses to stock will depend on their existing contracts and relationships with suppliers; given the slightly lower current price of the new methadone products, it is likely that some pharmacies will switch from Methadose to a generic product.

Is this the same as what happened in British Columbia?

Health care providers may remember that in 2014, British Columbia pharmacies switched from a compounded methadone formulation to Methadose, and that this change was associated with patient reports of withdrawal and dissatisfaction. There are several differences between that transition and the current transition in Ontario. There was very little warning provided to health care providers or to people on methadone before the change in British Columbia, and no transition period for changes to reimbursement. Furthermore, the compounded formulation and Methadose differed significantly in taste, colour, concentration, and volume. In Ontario, the concentration and volume of all methadone products will be the same, and one of the generics will have the same appearance and taste as Methadose. The relative similarity of the products suggests that this change will be less destabilizing for people on methadone than the change that happened in British Columbia.

What should I tell my patients/clients?

Prescribers should let their patients know as soon as possible that they may receive a different brand of methadone depending on what their pharmacy is stocking. People on methadone often feel like they do not have a lot of control over their treatment and that treatment decisions can be arbitrary, so sharing information is important in order to foster a positive rapport. A change may be better received if communicated in a clinical setting rather than at the pharmacy without prior knowledge.

Pharmacists should tell clients as soon as possible if they are changing the brand of methadone that they stock and when this change will be happening. Ideally, clients should be told of a brand change before it happens so that they have time to ask questions and learn about their options. Pharmacists should answer clients' questions

and concerns before preparing the first dose of a new product (and should be sure to mention the change in colour and taste if the Jamp product is being provided).

Health care providers should tell people on methadone that they will receive exactly the same dose of methadone as before, so it is unlikely that they will experience any changes such as withdrawal symptoms or sedation. They should also be reassured that taking different formulations (i.e., Methadose one day, a generic product on another day) will not have any ill effects, in case they attend pharmacies that stock different products. People should be encouraged to talk to their pharmacist and prescriber about changes they notice.

What should I do if someone tells me that they feel different on a new formulation?

First and foremost, **believe them**. Explore what they are feeling and consider possible causes and associations. If someone reports withdrawal symptoms that last more than a week after a product transition, consider a small dose increase with follow-up; if sedation is reported after a transition, consider a small dose decrease. Consider a return to Methadose if someone continues to experience ill effects on a generic formulation.

What if someone wants or needs brand-name Methadose?

There are options for people who require or want Methadose, though it is important to remember that pharmacies are likely to carry only one formulation of methadone:

- Some forms of coverage may still allow for brand Methadose (e.g., NIHB, private insurance).
- People can choose to pay out of pocket for brand-name formulations.
- For people receiving medications on the ODB Formulary, prescribers must complete a Health Canada [Side Effect Reporting Form](#) for the two generic formulations before a brand name will be covered:
 - The form requires the prescriber to categorize the severity of the side effect:
 - Withdrawal symptoms can be categorized as “life-threatening” if they occur in a person who injects opioids and are accompanied by strong cravings, missed doses, and/or an increase in opioid use.
 - Withdrawal symptoms can be categorized as “disabling” if they interfere with a person’s daily functioning.
 - There is room for written answers throughout the form. The more information provided about the person’s specific case and need to return to Methadose, the less likely there will be return requests for more information.

How can I support people on methadone?

Prescribers should reach out to their regular pharmacists to find out what they are planning and discuss communication. Share information with patients as early as possible so that they know what to expect, what questions to ask, what to observe in case of a brand change, and can be involved in care decisions moving forward. Submit [Side Effect Reporting Forms](#) as necessary. Encourage patients to reach out to you or your clinic staff with any questions or concerns.

Pharmacists should tell all clients on methadone which product is available and answer any questions that clients may have. Pharmacists should consider stocking Methadose as well as a generic product when possible, as this offers options for various client needs and preferences. Pharmacists should communicate with prescribers they regularly work with to let them know if a client will be switched to a different methadone product. If a client reports a side effect, work with the prescriber to submit the [Side Effect Reporting Form](#) and determine best next steps for that client.