

## Case 1: Kim

28 year old female, enrolled in opioid treatment program x 9 months.

Current methadone dose: 165 mg/day.

Kim continues to use methamphetamine (0.5g 3x/week) and fentanyl (5-10 tablets or about 0.5 g of powder) each day by smoking.

Now has missed 18 days, stating, "I just couldn't get down here" after a brief hospitalization for cellulitis. In the interim, her fentanyl use has increased to 10-20 tablets/day. Her last use was early this am. COWS = 12

At what dose would you restart?

What factors enter into your decision?

## Case 2: Arielle

35 year old female with fentanyl use, initiated treatment just 2 weeks prior. Her dosing history is noted in the table below. She presents for restart following 7 missed days.

Prior to induction, she was using 10-15 fentanyl tablets/day by inhalation, which was reduced to 3-5 tablets/day once she was titrated up to methadone 60 mg/day. She denies any current sedation or prior sedation from the methadone.

She states she was unable to return to the clinic because of having to move from her apartment. During her absence, she returned to using 10+ fentanyl tablets/day. Her last fentanyl use was early this am before arrival in clinic. COWS=2.

What restart dose would you choose? How would you titrate?

Tx Days	Dose
1	30 mg
2	50 mg
3	50 mg
4	Miss
5	50 mg
6	60 mg
7	60 mg
8-14	Miss

Case 2, alternate ending: Last fentanyl use yesterday around 8 pm (>12 hours ago). COWS=15.

Would this change your restart dose? How would you titrate?

### Case 3: Travis

28-year-old male with longstanding fentanyl and methamphetamine use, history of congestive heart failure from non-ischemic cardiomyopathy. Discharged from the hospital 2 weeks ago on methadone 80 mg/day (previous dose: 110 mg/day).

No methadone x 14 days. Has been using fentanyl to stave off the worst of withdrawals but using much less than previous, typically 1-2 tablets every other day.

COWS = 16

What dose would you start him on?