



Hydromorphone Titration Schedules

Narcotic Transition Services

December 09, 2024

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Introduction

Designated narcotic drugs (DND) provide a higher-intensity option along the [Opioid Dependency Treatment Intensity Continuum](#) and are recommended for individuals who have been unable to stabilize on other forms of opioid agonist treatment. ***Designated narcotic drugs, used for the treatment of opioid use disorder, must be prescribed and administered within an Opioid Dependency Program (ODP) licensed to provide Narcotic Transition Services (NTS).***

Under the *Mental Health Services Protection Regulation* (MHSPR), designated narcotic drugs are defined as “any full agonist opioid drug except methadone or slow-release oral morphine (SROM). For the purpose of treating opioid use disorder, this means:

- Hydromorphone, fentanyl, and diacetylmorphine are approved designated narcotic drugs for the treatment of opioid use disorder (Government of Alberta, 2023).

Hydromorphone is the primary designated narcotic drug (DND) available for individuals with moderate to severe opioid use disorder (OUD) receiving Narcotic Transition Services (NTS) through a licensed Opioid Dependency Program (Government of Alberta, 2023).

Prescribing Requirements for Hydromorphone

To prescribe hydromorphone for the treatment of opioid use disorder in Alberta, prescribers must meet the following criteria:

- Be a regulated member of the College of Physicians and Surgeons of Alberta (CPSA)
- Complete an addiction medicine certification through one of the following organizations:
 - Canadian Society of Addiction Medicine (CSAM),
 - American Society of Addiction Medicine,
 - International Society of Addiction Medicine (ISAM),
 - American Board of Preventive Medicine;
 - American Board of Psychiatry and Neurology;
 - American Board of Addiction Medicine;
 - The College of Family Physicians of Canada Certificate of Added Competency in Addiction Medicine,
 - Royal College of Physicians and Surgeons of Canada Area of Focused Competence in Addiction Medicine
- Provincial Medical Director, Addiction (PMDA) approval
 - As per the [Community Protection and Opioid Stewardship \(CPOS\) Standards](#), the Provincial Medical Director, Addiction (PMDA) is

responsible for ensuring that all eligible physicians are adequately privileged by the service provider. This requires the PMDA to assign the role of Addiction Medicine Physician (AMP) within Opioid Dependency Programs (ODP) licensed to provide Narcotic Transition Services (NTS), to a qualified candidate.

(Government of Alberta, 2022) (Government of Alberta, 2023) (Alberta Health Services, 2023)

Oral Hydromorphone Titration

Oral Hydromorphone Titration for Individuals with Fentanyl Use and/or Known High Tolerance

An accelerated hydromorphone titration should only be used if prescribers are confident in their patient's substance use, considering their history of fentanyl use and known high tolerance.

Tablet

ACCELERATED INDUCTION AND TITRATION OF TABLET HYDROMORPHONE			
Begin treatment with 40 mg of oral hydromorphone. Increase each dose by 16mg, until total dose reaches 120mg or sedation occurs, then reassess.			
Day	Session 1	Session 2	Session 3
1	40mg [starting dose]	56mg [Starting dose + 16mg]	72mg [Session 2 dose + 16mg]
2	88mg [Max dose on Day 1 + 16mg]	104mg [Session 1 dose + 16mg]	120mg [Session 2 dose + 16mg]
3+	Titration can be held and/or paused at any time based on individual request or observed sedation. Doses should be reviewed after session 6 for further titration as it is expected that individuals will need doses > 120mg if they have high tolerance.		

Liquid

ACCELERATED INDUCTION AND TITRATION OF LIQUID HYDROMORPHONE			
Begin treatment with 40 mg of liquid hydromorphone. Increase each dose by 20mg, until total dose reaches 140mg or sedation occurs, then reassess.			
Day	Session 1	Session 2	Session 3
1	40mg [starting dose]	60mg [Starting dose + 20mg]	80mg [Session 2 dose + 20mg]
2	100mg [Max dose on Day 1 + 20mg]	120mg [Session 1 dose + 20mg]	140mg [Session 2 dose + 20mg]
3+	Titration can be held and/or paused at any time based on individual request or observed sedation. Doses should be reviewed after session 6 for further titration as it is expected that individuals will need doses > 140mg if they have high tolerance.		

Oral Hydromorphone Titration for Individuals with Non-Fentanyl Use

Tablet

STANDARD INDUCTION AND TITRATION OF TABLET HYDROMORPHONE			
Begin treatment with 8-24mg of oral hydromorphone. Increase each dose by 8mg, until total dose reaches 64mg or sedation occurs, then reassess.			
Day	Session 1	Session 2	Session 3
1	8-24mg [starting dose]	16-32mg [Starting dose + 8mg]	24-40mg [Session 2 dose +8mg]
2	32-48mg [Max dose on Day 1 + 8mg]	40-56mg [Session 1 dose + 8mg]	48-64mg [Session 2 dose + 8mg]
3 +	Continue with dose increases of 8mg per session, until a therapeutic dose is reached. Review doses daily for ongoing titration.		

Liquid

STANDARD INDUCTION AND TITRATION OF LIQUID HYDROMORPHONE			
Begin treatment between 10-20mg of liquid hydromorphone. Increase each dose by 10mg, until total dose reaches between 60-70mg or sedation occurs, then reassess.			
Day	Session 1	Session 2	Session 3
1	10-20mg [starting dose]	20-30mg [Starting dose + 10mg]	30-40mg [Session 2 dose +10mg]
2	40-50mg [Max dose on Day 1 + 10mg]	50-60mg [Session 1 dose + 10mg]	60-70mg [Session 2 dose + 10mg]
3+	Continue with dose increases of 10mg per session , until a therapeutic dose is reached. Review doses daily for ongoing titration.		

Treatment Note:

Dose differences between liquid and tab relate to product/formulations used and ease/simplicity of measurement.

Parenteral Hydromorphone Titration

Intravenous (IV) Hydromorphone Titration for Individuals with Fentanyl Use and/or Known High Tolerance

An accelerated hydromorphone titration should only be used if prescribers are confident in their patient's substance use, considering their history of fentanyl use and known high tolerance.

Accelerated IV Titration						
1	Dose A: 20mg Dose B: 20mg	Max Dose: 40mg	Dose A: 40mg Dose B: 20mg	Max Dose: 60mg	Dose A: 60mg Dose B: 20mg	Max Dose: 80mg
2	Dose A: 70mg Dose B: 20mg	Max Dose: 90mg	Dose A: 90mg Dose B: 20mg	Max Dose: 110mg	Dose A: 110mg Dose B: 20mg	Max Dose: 130mg
3	Administer maximum tolerated dose on Day 2.		Administer maximum tolerated dose on Day 2.		Administer maximum tolerated dose on Day 2.	

IV Hydromorphone Titration for Individuals with Non-Fentanyl Use

Standard IV Titration						
Split doses occur within the same session and occur 20 minutes apart, if initial dose is tolerated well. They are identified as Dose A and B.						
Day	Session 1		Session 2		Session 3	
1	Dose A: 10mg Dose B: 15mg	Max Dose: 25mg	Dose A: 25mg Dose B: 15mg	Max Dose: 40mg	Dose A: 40mg Dose B: 15mg	Max Dose: 55mg
2	Dose A: 45mg Dose B: 15mg	Max Dose: 60mg	Dose A: 60mg Dose B: 15mg	Max Dose: 75mg	Dose A: 75mg Dose B: 15mg	Max Dose: 90mg
3	Administer maximum tolerated dose on Day 2.		Administer maximum tolerated dose on Day 2.		Administer maximum tolerated dose on Day 2.	