

MEDICATION ASSISTED TREATMENT FOR OPIATE DEPENDENCE IN THE HOSPITAL SETTING



**SUSAN THOMPSON PHARMD, BCPP, CPE
TUCSON MEDICAL CENTER
CLINICAL PHARMACY SPECIALIST – PAIN MANAGEMENT**

March 29 2017

**AZ DHS Hospital Discharge Planning Summit:
Opportunities for Preventing Opioid Overdose**

KEY POINTS

- Stigma About Opiate Dependence/Addiction
- The Law
- Opiate Withdrawal Syndrome
- Medication Assisted Treatment (MAT)
- Adult Substance Abuse Order Set
- Coordination of Care for Discharge

Stigma: What we have to get past

“Ummm, we don’t deal with that here”



Electronic Code of Federal Regulations

- Title 21 – Food and Drugs
 - Chapter II – Drug Enforcement Administration, Department of Justice
 - Part 1306 (1306.01 to 1306.27) - Prescriptions
 - 1306.07 Administering or dispensing of narcotic drugs
 - Here lies the rules for narcotic dependent persons and medications for the purpose of maintenance or detoxification treatment

Federal Regulation Requirements For **Licensed** Narcotic Treatment Center Practitioners

- **1306.07** Administering or dispensing of narcotic drugs
 - **(a)** A practitioner may administer or dispense directly **(but not prescribe)** a narcotic drug listed in any schedule to a narcotic dependent person for the purpose of maintenance or detoxification treatment if the practitioner meets **both** of the following conditions:
 - (1) The practitioner is **separately registered with DEA as a narcotic treatment program.**
 - (2) The practitioner is in compliance with DEA regulations regarding treatment qualifications, security, records, and unsupervised use of the drugs pursuant to the Act.

Emergency Narcotic Addiction Treatment

- **The intent of 21 CFR 1306.07(b) is to provide practitioner flexibility in emergency situations where he may be confronted with a patient undergoing withdrawal.** In such emergencies, it is impractical to require practitioners to obtain a separate registration. **The 72-hour exception** offers an opioid dependent individual relief from experiencing acute withdrawal symptoms, while the physician arranges placement in a maintenance/detoxification treatment program. **This provision was established to augment, not to circumvent the separate registration requirement.**

Exception to the Registration Requirement

- **1306.07(b)**
 - Allows a practitioner who is **not separately registered as a narcotic treatment program to administer (but not prescribe)** narcotic drugs to a patient for the purpose of relieving acute withdrawal symptoms while arranging for the patient's referral for treatment



Emergency Narcotic Addiction Treatment

- **1306.07(b)** the “72 Hour Rule”
 - ▣ Must be under the following conditions:
 - Not more than one day’s medication may be administered or given to a patient at one time
 - This treatment may not be carried out for more than 72 hours
 - This 72-hour period cannot be renewed or extended



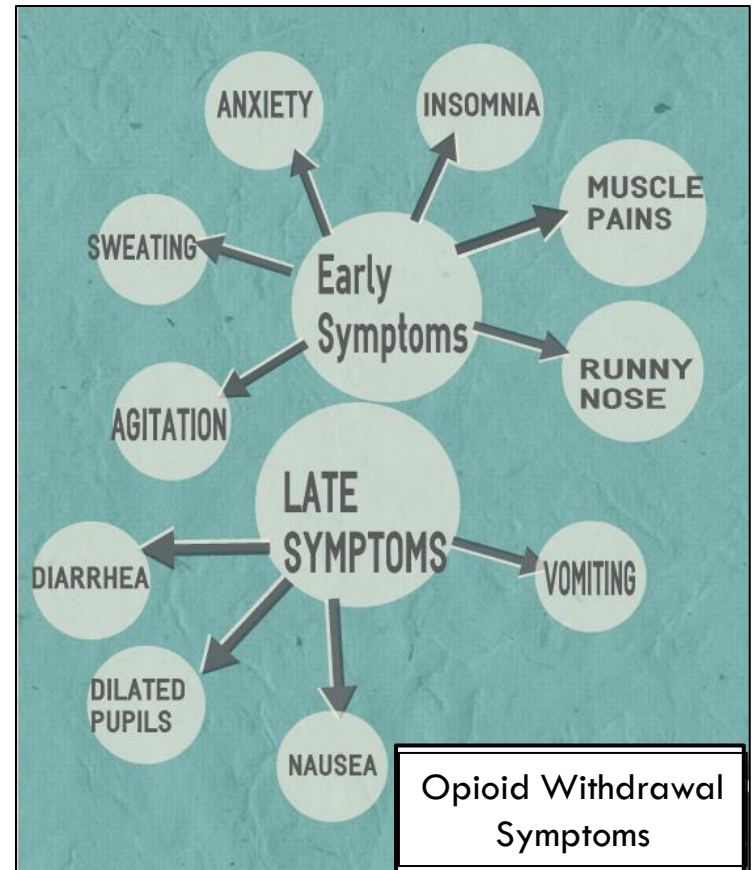
When the “72 Hour Rule” Does Not Apply

- **1306.07(c)**: This section is **not intended to impose any limitations on a physician** or authorized hospital staff to administer or dispense narcotic drugs in a hospital **to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction, or to administer or dispense narcotic drugs to persons with intractable pain** in which no relief or cure is possible or none has been found after reasonable efforts.

Opioid Withdrawal Syndrome

□ Symptoms

- Diarrhea, nausea, and vomiting
- Yawning
- Hypersensitivity to any pain
- Cramps and aches
- Papillary dilation
- Gooseflesh
- Restlessness
- Sweating
 - Not all signs and symptoms are present in any single individual



Medication-Assisted Treatment

- Use of medications in combination with counseling and behavioral therapies
- Provides a “whole-patient” approach to the treatment of substance use disorders and sustain recovery
- Medications help to normalize brain chemistry without the negative effects of the abused drug
 - ▣ Blocks the euphoric effects of alcohol and opioids
 - ▣ Relieves physiological cravings
 - ▣ Normalizes body functions



Medication-Assisted Treatment

- Three pharmacotherapies for opiate addiction
 - Buprenorphine
 - Offered from licensed treatment clinic or provider office
 - Methadone
 - Only offered from a licensed treatment clinic
 - Naltrexone
 - Offered from licensed treatment clinic or provider office
- Psychosocial interventions
 - Individual and/or group drug counseling



Physician Selects The “Adult Substance Abuse Treatment Order Set”

▼ Adult Substance Abuse Treatment Orders [Manage My Version](#) ▼

Detoxification (withdrawal) not recommended during pregnancy.

[Click Here to View; Adult Opiate Detox Procedure](#)

[Click Here to View; Adult Alcohol Detox Procedure](#)

▼ Consults

▷ Consults 0 of 5 selected

▼ General

▷ Nursing 0 of 8 selected

▷ Precautions 0 of 6 selected

▷ Notify Physician 0 of 3 selected

▼ Labs

▷ Labs 0 of 7 selected

▼ General Medications

▷ IV Therapy 0 of 4 selected

▷ Nicotine Patch (Choose One) 0 of 2 selected

▷ Vitamins 0 of 13 selected

▷ Blood Pressure Medications 0 of 4 selected

▼ CIWA: Clinical Institute Withdrawal of Alcohol Medications

Select the Appropriate General and Nursing Orders

<input checked="" type="checkbox"/> Clinical Opiate Withdrawal Score (COWS)	AS DIRECTED, ROUTINE, (1) COWS assessment every 2-6 hours as per the medication administration instructions. (2) If COWS score remains greater than 24 x3, call provider.
<input checked="" type="checkbox"/> Vital Signs per Unit Routine	ONCE, ROUTINE
<input checked="" type="checkbox"/> Telemetry/Cardiac Monitor (specify)	CONT For 48 Hours, ROUTINE, Central monitoring or bedside audible alarm and continuous pulse oximetry are recommended for all patients receiving OAT (Methadone/Buprenorphine).
<input checked="" type="checkbox"/> Pulse Oximetry (Nursing)	CONT, ROUTINE, Central monitoring or bedside audible alarm and continuous pulse oximetry are recommended for all patients receiving OAT (Methadone/Buprenorphine).
<input checked="" type="checkbox"/> Oxygen	AS DIRECTED For 1 Occurrences, ROUTINE, (1) Titrate oxygen 2-4 liters by nasal cannula to keep oxygen saturation $\geq 90\%$ (2) When oxygen saturation is $\geq 90\%$ on room air, discontinue oxygen and check oxygen saturation via pulse oximetry once daily.
<input checked="" type="checkbox"/> EKG 12 Lead; Prior to initiation of Methadone	CONDITIONAL For 1 Occurrences, ROUTINE, Nurse to release order for EKG for patients with Methadone order. Obtain EKG once prior to the initial dose of Methadone.

There is a separate OB order panel for OB patients

<input checked="" type="checkbox"/> OB Panel: Additional Orders for Substance Abuse in Pregnancy Detoxification (withdrawal) not recommended during pregnancy.	
<input checked="" type="checkbox"/> Consult High Risk Obstetrician	ROUTINE, If consult is urgent or emergent, or for Interventional Radiology, ordering physician to communicate directly with consulting physician.
<input type="checkbox"/> Consult Neonatology	ROUTINE, If consult is urgent or emergent, or for Interventional Radiology, ordering physician to communicate directly with consulting physician.
<input checked="" type="checkbox"/> Obtain Informed Consent for Opiate Agonist Treatment (OAT) in Pregnant Adults	ONCE For 1 , ROUTINE, This is a communication order. No Consent will print. Obtain paper copy of consent.
<input checked="" type="checkbox"/> Non-Stress Test for patients greater than 26 weeks	PRN For 2 Occurrences, ROUTINE, Optimal timing for NST is 4-6 hours after the opioid agonist dose.
<input type="checkbox"/> Fetal Heart Tones by auscultation if less than 24 weeks	PRN For 2 Occurrences, ROUTINE, Perform NST PRE- AND POST-procedure.

Select The Appropriate Comfort Medications

- Prn comfort medications section:
 - ▣ Pregnant patients
 - ▣ Non pregnant patients
- These are non opiate medications used to relieve the symptoms, or decrease the severity, of opiate withdrawal
 - ▣ Nausea, diarrhea, leg cramps, sweating, anxiety, restlessness



Ordering Methadone from the Adult Substance Abuse Order Set

Opioid Agonist Treatment to Prevent Opioid Withdrawal (Methadone)

Methadone is the preferred choice to prevent opioid withdrawal in pregnant women.

Opioid Agonist Treatment (OAT) Loading Dose (Methadone) Day 1 (Choose One) (Single Response)

Note: Must be used with one of the OAT regimens below.

<input type="radio"/> Methadone 10 mg Tablet	10 mg, Oral, ONCE For 1 Doses
<input checked="" type="radio"/> Methadone 20 mg Tablet Start low and go slow	20 mg, Oral, ONCE For 1 Doses
<input type="radio"/> Methadone 30 mg Tablet	30 mg, Oral, ONCE For 1 Doses

Opioid Agonist Treatment (OAT) Regimens (Methadone) Day 1

<input checked="" type="checkbox"/> Methadone 10 mg Tablet Optional second dose on day 1	10 mg, Oral, ONCE PRN Starting today at 12:59 PM
---	--

Opioid Agonist Treatment (OAT) Methadone Day 2

Do not increase Methadone more than 10 mg per day.

<input checked="" type="checkbox"/> Methadone 10-50 Tablet	Oral, ONCE Starting tomorrow For 1 Doses
--	--

Opioid Agonist Treatment (OAT) Methadone Day 3

Do not increase Methadone more than 10 mg per day.

<input checked="" type="checkbox"/> Methadone 10-60 Tablet	Oral, ONCE Starting 11/10/16 For 1 Doses
--	--

Opioid Agonist Treatment (OAT) Hydromorphone

<input checked="" type="checkbox"/> Hydromorphone Oral Panel	"Or" Linked Panel	
<input checked="" type="checkbox"/> HYDROmorphone 2 mg Tablet	2 mg, Oral, Q4H PRN	Cows 5-12 (mild) withdrawal
<input checked="" type="checkbox"/> HYDROmorphone 4 mg Tablet	4 mg, Oral, Q4H PRN	Cows 13-24 (moderate) withdrawal
<input checked="" type="checkbox"/> HYDROmorphone 6 mg Tablet	6 mg, Oral, Q4H PRN	Cows 25-36 (mod-severe) withdrawal
<input checked="" type="checkbox"/> HYDROmorphone 8 mg Tablet	8 mg, Oral, Q4H PRN	Cows >36 (severe) withdrawal

Ordering Buprenorphine from the Adult Substance Abuse Order Set

▼ Opioid Agonist Treatment to Prevent Opioid Withdrawal (Buprenorphine)
The first dose of Buprenorphine should not be initiated until the patient is truly experiencing opioid withdrawal so as not to cause "precipitated withdrawal" as Buprenorphine has both opioid agonist and antagonist effects. Typically this is 12-18 hours after last use of short acting opiates such as heroin, Fentanyl or Oxycodone immediate release, 24 hours after last use of long acting opiates such as MScotin or Oxycotin, 48 hours after last use of Methadone.

▼ Opioid Agonist Treatment (OAT) Loading Dose (Buprenorphine) Day 1

buprenorphine HCl (SUBUTEX) SL tablet 2 mg
2 mg, Sublingual, ONCE, 1 dose Today at 1430

Initial dose given when patient in moderate withdrawal

▼ Opioid Agonist Treatment (OAT) Regimens (Buprenorphine) Day 1

Buprenorphine Day 1 Panel
buprenorphine HCl (SUBUTEX) SL tablet 2 mg
2 mg, Sublingual, ONCE, 1 dose Today at 1530

And
buprenorphine HCl (SUBUTEX) SL tablet 2 mg
2 mg, Sublingual, Q4H PRN starting Today at 1431 until Tomorrow at 1430

Assess COWS score, if not increased from baseline, give 2nd dose

Beginning 4 hours after 2nd dose, may have 2mg SL Q4h prn COWS > 5 up to a total of 16mg on day 1

▼ Opioid Agonist Treatment (OAT) Buprenorphine Day 2

Do not increase Buprenorphine more than 4 mg per day, or exceed a total of 16 mg a day.

Buprenorphine 4-16 mg SL
4-16 mg, Sublingual, ONCE, Starting 12/14/16

Daily scheduled dose can be given once or twice daily

Buprenorphine Panel SL

2mg for COWS 6-12 OR 4mg for COWS > 12 SL Q4H prn

▼ Opioid Agonist Treatment (OAT) Buprenorphine Day 3

Do not increase Buprenorphine more than 4 mg per day, or exceed a total of 32 mg a day.

Buprenorphine 4-24 mg SL
4-24 mg, Sublingual, ONCE, Starting 12/15/16

Daily scheduled dose can be given once or twice daily

Buprenorphine Panel SL Day 3

2mg for COWS 6-12 OR 4mg for COWS > 12 SL Q4H prn

COWS Assessment

- The Clinical Opiate Withdrawal Scale (COWS) for withdrawal symptoms
- 11 item assessment tool for opioid withdrawal symptoms
- The total score can be used to help clinicians determine the stage or severity of opioid withdrawal and assess the level of physical dependence on opioids
 - ▣ Scores range from 0 to 48
 - 5-12 (mild)
 - 13-24 (moderate)
 - 25-36 (moderately severe)
 - > 36 (severe)

COWS Assessment Every 4 Hours

CSN: 1020332185 MRN: 6352978 Problem List: None Allergies: Not on File Ht: None Last BSA: None Pregnant: No
Bed: 173-2 Adm: 09/06/2... Wt (kg): None CrCl: None

Flowsheets: File, Add Row/Grp, Add LDA, Cascade, Add Col, Insert Col, Compact, Last Filed, Reg Doc, Graph, Go to Date, Values By, Refresh, Legend, Clinical Calc

Adult Nurse, Adult Pt Assessment, Neuro Advanced Assess..., I/O, Vitals, Blood Administration, Lab Draw Status, Gero Adult Nurse, COWS, COWS

Mode: View All	
Labor a...	
	11/8/16
	1700
COWS	
Resting Pulse Rate	2 Pulse rate 101-120
GI Upset	3 Vomiting or diarrhea
Sweating	3 Beads of sweat on brow or face
Tremors	1 Tremor can be felt but not observed
Restlessness	1 Reports difficulty sitting still but is able to do so
Yawning	2 Yawning 3 or more times during assessment
Pupil Size	2 Pupils moderately dilated
Anxiety or Irritability	1 Patient reports increased irritability or anxiousness
Bone or Joint Aches	2 Severe diffuse aching of joints and muscles
Gooseflesh Skin	3 Piloerection of skin can be felt or hairs can be or hair standing up on arms
Runny Nose or Tearing	2 Nose running or tearing
Total Score	22

Total COWS score = 22 indicating moderate opiate withdrawal symptoms

Coordination of Care at Discharge

- Case Management will arrange for follow up care (including an intake appointment if not already completed) with the Outpatient Treatment Clinic
 - **Most clinics are open limited hours (typically early morning), Monday through Saturday, and are closed on Sundays and major holidays**
- Relevant medical records, methadone or buprenorphine doses, H&P, COWS assessments, and toxicology labs need to be faxed to the treatment center
- After discharge from TMC, all future doses of methadone or buprenorphine must be provided by the outpatient treatment clinic
 - **Prescriptions for methadone for medication assisted treatment cannot be written**
 - **Prescriptions for buprenorphine can be written by only by physicians with an “X-waiver DEA designation” which verifies they are trained in substance abuse treatment**

Questions ???

