

Implementing Acute Care Methadone Dispensing Under the New 72 Hour Rule

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Disclosure Information

- ◆ No presenters have any disclosures.

Learning Objectives

- 1) To understand updated DEA regulations on the 72-hour role and how to implement in acute care settings
- 2) To describe key stakeholders for implementation of the new 72-hour rule
- 3) To adopt the 72-hour rule in your own practice setting using tools from case-based examples in acute care settings

Outline

Background on DEA Regulations (Elaine)

Overview of Implementation at Different Institutions

Case-Based Examples:

- Patient in ED
- Patient admitted to hospital and discharging to community
- Patient admitted to hospital and discharging to SNF

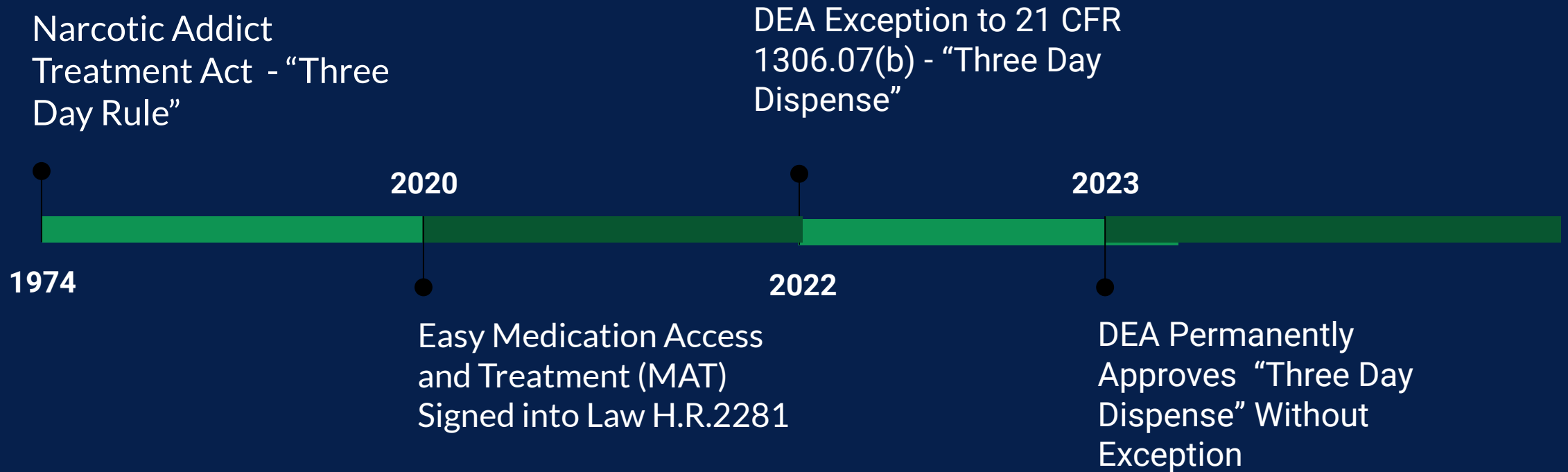
Breakout Groups on Implementation

Large Group Discussion and Q+A

OUD & MOUD in Hospital Settings

- ◆ Opioid Use Disorder (OUD) impacts 2.5 million adults a year
- ◆ Hospitalization related to OUD increasing over the last 10-15 years
- ◆ In 2023, only 22% of adults with OUD received medications to treat OUD.
- ◆ Hospitalization is a reachable moment to initiation MOUD - has been safe and legal for decades

Changes to Medication Access and Treatment Regulations



Three-Day Methadone Dispense Rule in Practice



Methadone Maintenance Interim Supply Example

- 1) Prescriber enters methadone solution (for OUD maintenance: admin/take home) panel in EMR.
- 1) Prescriber selects either Prescriber Administration or Take Home supply. Orders cannot exceed three days, days must be consecutive.

methadone solution - for opioid use disorder (OUD) - HMC

☐ INPATIENT - New Start

☐ INPATIENT - Continuation of outpatient therapy

☐ OUTPATIENT - Direct Observed or Take Home after discharge orders

Did you verify dose with clinic?

Methadone clinic name

Date of last administered dose

Methadone Maintenance Interim Supply Example

Prescriber Dispenses Take Home Supply

“Prescriber must dispense but not prescribe...”

- Inpatient Pharmacy dispenses dose to the prescriber’s DEA license and documents the dispense with a witness
- Prescriber retrieves dose from pharmacy with signature
- Prescriber dispenses three day supply to patient
- Approach ensures transparent and accountable chain of custody to prevent abuse or diversion

methadone solution (for OUD maintenance: admin/take home) panel - HMC ✓ Accept

☐ PROVIDER ADMIN methadone solution (HMC)

☒ TAKE HOME methadone solution (HMC)

☒ methadone solution (TAKE HOME SUPPLY) ✓ Accept ✗ Cancel

Dose: mg

Route: Oral

Frequency: Daily

Starting: Today Tomorrow

For: Hours Days

First Dose: As Scheduled

First Dose: Tomorrow 0900 **Final Dose:** Until Discontinued

11/10 11/11 11/12
0900 0900 0900 ...

Priority: Routine STAT

Ordering provider will pick up methadone from the pharmacy and personally give it to the patient
☒ Yes

Admin Instructions: Insert SmartText 90%

Take home methadone maintenance interim supply
Dose to be taken daily on these dates ***
Page *** (provider name/team and number) to pick up and give dose when patient arrives

The Admin Instructions field contains unfilled variables (**) or SmartLists.**

Note to Pharmacy: ☒ Dispense one dose per amber bottle (child proof container). Max 3 consecutive daily doses per DEA regulations.

☐ Self Administered ☐ Patient Supplied doses

Product: METHADONE HCL 10 MG/5 ML OR SOLN (TAKE HOME SUPPLY)

Methadone Maintenance Interim Supply Example

Labeling Requirements

Medications for take-home methadone are subject to the same labeling requirements as retail prescriptions according to state law

Sample Label

November 09 2022 1727	
Zztest, Apop	5MB20-533-01
31 yrs [1/1/1991]	MRN: U3377236 Ord#848621
methadone 10 MG/5ML solution (TAKE HOME SUPPLY)	
Take 130 mg (65 mL) by mouth daily. Dose to be taken daily on these dates 11/10, 11/11, 11/12	
Qty: 1	
Provider: Sutton, Paul Randolph, MD	
Expires _____ Rph _____	
Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.	

WAC 246-945-016 Prescriptions—Outpatient labels—Minimum requirements. (1) All licensees of the commission who dispense legend drugs to outpatients shall affix a label to the prescription container that meets the requirements of RCW 69.41.050 and 18.64.246, and shall also include:

- (a) Drug quantity;
- (b) The number of refills remaining, if any;
- (c) The following statement, "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed.", except when dispensing to an animal, when a warning sufficient to convey "for veterinary use only" may be used;
- (d) The name and species of the patient, if a veterinary prescription; and
- (e) The name of the facility or entity authorized by law to possess a legend drug, if patient is the facility or entity.

(2) In addition to the requirements in subsection (1) of this section, a compounded product must meet the applicable labeling requirements of USP chapters <795>, <797>, <800>, and <825>. For compounded products, the BUD shall be equivalent to the expiration date required by RCW 18.64.246.

(3) For the purposes of determining an expiration date as required in RCW 18.64.246, the dispenser shall take the following factors into account:

- (a) The nature of the drug;
- (b) The container in which it was packaged by the manufacturer and the expiration date;

Comparison of Implementation

	Hopkins	Oregon Health & Science University	University Washington	Yale
How ordered	Orderset in Epic	Inpatient methadone order	Ordered in Epic Inpatient Order	Orderset in Epic
Who can order	Any ED or inpatient provider can order; requires review and approval by inpatient ACS or group of designated ED providers/PharmDs	Any ED or inpatient provider	Any ED or inpatient provider	Only inpatient addiction medicine consult team
Formulation of methadone	Liquid	Liquid	Liquid	Oral tablets
Chain of Custody	Pharmacy → Inpatient Nurse → Patient (Delivered to Patient Bedside)	None	Pharmacist → provider → patient. All 3 are together at the pharmacy window	Inpatient pharmacy → prescriber → patient (delivered at patient bedside)

Case 1: ED Patient

- ◆ 29 yo patient with severe OUD arrives in the ED on Friday at 2200 related to an opioid overdose
- ◆ At 0900 on Saturday morning, overdose has resolved and patient expresses desire to start methadone treatment
- ◆ OTP is only open on Tuesdays at 0600 for new admissions

Can you dispense methadone to this patient until Tuesday AM?

If patient was established at OTP, what do you do if you can't verify?

Case 2: Hospitalized Patient Discharging to Community

- ◆ 35yo patient, admitted to hospital with multiple fractures after an MVC.
 - ◆ Patient lives in rural eastern WA - 3 hours from the hospital.
 - ◆ New methadone start
 - ◆ Primary team ready to discharge on a Friday, but next intake at OTP isn't until Monday
 - ◆ Patient needs doses for Saturday and Sunday

Case 2: Hospitalized Patient Discharging to Community

Primary team has concerns:

Is it safe to discharge patient with 3 doses of methadone?

How will the OTP know about these doses?

What if the patient loses the doses?

How often can a patient get these dispensed doses?

What if they don't have OTP intake scheduled prior to d/c?

Addiction Consult Service Called to discuss...

Case 3: Hospitalized Patient Discharging to SNF

- ◆ 50 yo patient with OUD on methadone, IDU-related osteomyelitis, requiring 6 weeks of IV antibiotics
- ◆ Unstable housing and not eligible for home IV antibiotics
- ◆ Methadone dose titrated during hospitalization
- ◆ It's Friday and pt is ready for discharge to skilled nursing facility, but his OTP can't deliver methadone until following Monday

*Can you dispense 3 day supply of methadone to transport with patient?
Who can transport the methadone to facility?*

Sample Chain of Custody

Medication Chain of Custody Form & Medication Administration Record

Hospital Address and Contact Information

PHARMACIST TO COMPLETE UPON DISPENSING

Patient Name: _____

Date of Birth: _____

Methadone Dispensing Process:

- Methadone doses are dispensed in tamper-evident bottles which are placed into a tamper-evident bag
- JHBMC has an internal chain of custody process
- For patients discharging to home: ***This form IS NOT needed***

Patient being discharged to Facility

Methadone Chain of Custody (CoC) Form:

Step	Action	Dose count	Name	Signature	Date/Time
1.	Upon receipt of methadone from pharmacy, nurse counts and records # of bottles				
2.	Transporter counts doses, takes possession from Nurse				
3.	Nurse tubes completed CoC form to inpatient pharmacy				

Medication Chain of Custody Form & Medication Administration Record

For facility use only – not intended for hospital use

FACILITY STAFF TO COMPLETE

Patient Name: _____

Date of Birth: _____

Medication Administration Record (FACILITY STAFF TO COMPLETE):

of methadone bottles dispensed: _____ Methadone dose: _____mg take _____ times per day

Bottle Number	Date Dose Given	Time Dose Given	Staff who Observed Signature	Comments

Breakout Groups (20 min)

- ◆ At your table, work in groups of 5 to strategize implementation in your setting
 - ◆ Who are key stakeholders at your institution? How do you engage them?
 - ◆ Who are potential champions of this work?
 - ◆ What are potential facilitators? Barriers?
 - ◆ What resources do you need to implement?

Large Group Discussion and Q+A

- ◆ Report out from breakout groups
- ◆ Questions?

Final Takeaways/Summary

- ◆ It is safe and legal to provide methadone during hospitalization
- ◆ Dispensing methadone after hospitalization is one way to promote safe and effective transitions of care
- ◆ Partner with your inpatient pharmacy team to develop pathways to promote methadone dispensing via the 72 hour rule

References

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