

## **ASAM 2024 Methadone Dispensing Workshop: Cases**

### **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 their OTP enrollment and dose prior to ED discharge?*

### **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. During hospitalization, they start methadone for OUD. Primary team ready to discharge on a Friday, but next intake at OTP isn't until Monday, and patient needs doses for Saturday and Sunday/

*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?*

### **Case 3: Hospitalized Patient Discharging to SNF**

50 yo patient with OUD on methadone, IDU-related osteomyelitis, requiring 6 weeks of IV antibiotics. They have 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?*