

Methadone Maintenance and the Opiate-Dependent Inpatient

New York State and Federal Laws **prohibit** the use of **methadone** for **maintenance** or **detoxification** of substance abusers except through New York State Office of Alcohol and Substance Abuse Services (OASAS) certified opioid treatment programs (OTPs). The law does allow for treatment of withdrawal symptoms if a patient is admitted and treated for another medical or surgical condition as an inpatient.

There are basically 2 scenarios for opioid-addicted inpatients in which methadone is a consideration. They are either participants in an approved program or they are active drug users. Use of methadone for refractory pain will not be addressed here.

If a patient is enrolled in an **approved methadone program**, the hospital (preferably the prescriber) must contact the clinic to ascertain the patient's present dosage and the time of the last dose received. This information must be documented in the patient chart and relayed to the Pharmacy Department. The program participant is to receive the dose that they were getting at the clinic, the only exception being medical necessity to decrease the dose. It is critical that a healthcare practitioner notifies the clinic any time there has been an emergent need for change in a participant's methadone dose. Also, the clinic must be contacted at the time of discharge to inform the clinic of the date and time of the patient's last dose of methadone. The clinic may require other medical information such as last doses of other medications such as CNS depressants or other medications that may have drug interactions with methadone. In general, **communication** between the hospital and the clinic are necessary for proper treatment of these patients.

If a patient is an **active opioid user**, federal law (Federal Code of Regulations Title 42 Public Health) allows for the administration of methadone for the treatment and prevention of withdrawal symptoms. The initial dose **may not exceed 30 mg**, and an additional 10 mg may be given if needed (usually after 3 hours). Only under extraordinary circumstances does the law allow for a greater than 40 mg initial dose of methadone in the first 24 hours. The rationale for the medical necessity to exceed the 40 mg per day limitation in addition to the assessment that the 40 mg did not suppress opiate abstinence symptoms must be documented in the patient medical record.

Safely prescribing doses in excess of 40 mg per day requires a thorough understanding of methadone pharmacokinetics. Peak plasma concentrations are achieved in 1 to 7.5 hours and the terminal half-life of methadone is reported as 8 to 59 hours (reference: Lexi-Comp online 2015). For these reasons, a practitioner can easily overdose a patient on methadone, especially after a few days when accumulation has occurred. It is advisable that after the 40 mg dose is reached, treating symptoms with other medications such as antiemetics is considered prior to giving additional doses of methadone. Patients who were taking any form of buprenorphine should not receive methadone or other opiates while buprenorphine is onboard.

While it is true that participants in a methadone treatment program may receive doses of 80 mg per day or more, it is rare that 30-40 mg per day alone is not enough to quell objective withdrawal symptoms. High doses of methadone are used to block the euphoric effects of opiates by saturating receptor sites, and additionally to blunt the drive to seek to get “high”. The higher doses are not medically necessary for use in a hospital inpatient. It is expected, therefore, that an active user opiate-dependent individual admitted to the hospital will receive a daily dose of approximately 30 mg of methadone to prevent withdrawal until discharge or that the patient will be detoxified from opiates if clinically necessary.

It is against the law to admit an opiate-dependent substance abuser purely for the sake of opiate detoxification unless it is done within the parameters of a state approved inpatient detoxification program which Stony Brook University Hospital does NOT have. These patients should be referred to a certified treatment program. St. Charles Hospital, South Oaks and LIJ Hospital are area hospitals that have certified detoxification programs. Due to patient rights, however, a prescriber may reduce the methadone dose of an inpatient at any institution if directly insisted upon by the patient.

As demand for services is presently very high and treatment availability is limited in the County-operated OTPs, it is advised that a healthcare practitioner (preferably Social Service) contact the Hauppauge or Riverhead Intake Clinic as soon as possible to discuss options and to schedule an intake interview and screening. Patients who are pregnant or HIV positive are given priority.

Additionally, it is highly recommended that a **urine toxicology screening** is done on the patient to screen for benzodiazepine or barbiturate abuse. Healthcare practitioners must be aware of persons concomitantly abusing these CNS depressant drugs due to the potential for fatal drug interactions with methadone. Urine screening is not necessary for patients who are already enrolled in an approved clinic.

A third possible scenario is a **neonate** born to an opiate-dependent mother. Methadone is not the drug of choice to prevent and treat withdrawal in the neonate. Oral morphine is used at this institution for this purpose. Methadone may, however, be used in **older children** with iatrogenic opiate dependence resulting from the treatment of pain with opiates; in this situation, methadone may be legally weaned. For guidelines or more information regarding treatment and prevention of withdrawal symptoms in neonatal and pediatric patients, please contact the PICU or NICU practitioners.

Please note that **private physicians** are prohibited from prescribing or administering methadone for the purpose of maintaining or detoxifying an opiate-dependent substance abuser on an outpatient basis. Maintenance and treatment can only be provided by OASAS licensed clinics. Private physicians may, however, prescribe methadone for **pain control** in patients who are refractory to other analgesics. For these patients who become inpatients, our practitioners may treat pain in any manner judged to be clinically appropriate. The usual oral dose of methadone for analgesia is 2.5 to 10 milligrams every 3 to 4 hours as needed. Once a day dosing is not appropriate for pain management.

Private **authorized** practitioners may prescribe maintenance buprenorphine (SUBUTEX®, BUPRENEX®, BUTRANS®) or medications containing buprenorphine/naloxone (SUBOXONE®, BUNAVAIL®, SUBZOLV®) to detoxified opiate substance abusers without clinic affiliation. The administration of buprenorphine to someone maintained on methadone could result in withdrawal since buprenorphine is a partial opiate agonist and is likely to reduce the effect of any pure opioid agonist (such as methadone) due to competition and antagonism at receptor sites. Administering methadone to a person who is maintained on buprenorphine is also to be avoided because the buprenorphine will cause the effects of the methadone to be unpredictable. (Reference: Lexi-Comp online 2015).

Contact information for the Suffolk Clinics is provided below. Please take some time to understand the law and our policies so that we can be in compliance while providing the best possible care to our patients and community.

Suffolk County Program Administrator: Thomas Schmidt, Ph.D. (631) 853-8515

Suffolk County OASAS Clinics:

Hauppauge Intake Clinic

(631) 853-7373

(631) 853-7374

Manager: Laura Caraftis, LCSW

Riverhead Intake Clinic

(631) 852-2680

Manager: Lynn Campbell, LCSW

Huntington Maintenance Clinic

(Not an intake center for new patients; will accept transfer patients enrolled in programs in other counties)

(631) 854-4400

Manager: John Malone, LCSW

North County Maintenance Clinic

(Not an intake center for new patients)

(631) 853-6410

Manager: Pamela Kiernan, LCSW

All clinics are open 6 AM – 2PM, Monday – Friday, all clinics except North County are open on Saturdays from 7 AM – 3 PM and Hauppauge is open Sundays from 7 AM – 3 PM. All clinics are closed on County Holidays with the exception of Hauppauge which operates from 7 – 11 AM on these days. Hauppauge is, however, closed on Thanksgiving and Christmas. The clinics are networked and utilize an electronic dispensing system so the dose and date of the last dose of medication given can be accessed from any clinic if necessary.

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