

Inpatient Buprenorphine Treatment Protocol for Hospitalized Patients

Mount Sinai Health System

Last updated: March 2023

Target Group:

This protocol is for hospitalized patients with opioid use disorder being initiated or continued on buprenorphine treatment. For Emergency Department patients, please refer to site specific protocols available on the intranet.

Introduction:

Opioid use disorder (OUD) is common in hospitalized patients and opioid withdrawal syndromes frequently complicate hospital admissions, leading to an increased likelihood of patient-directed discharges. Initiating treatment for OUD and appropriate treatment of withdrawal is associated with improved treatment completion, improved substance use treatment outcomes, and improved linkage to outpatient OUD care. This guideline serves as a tool to guide treatment for opioid withdrawal and OUD using buprenorphine.

Goals:

To help clinicians 1) initiate buprenorphine for opioid withdrawal and OUD treatment, 2) continue buprenorphine if patient is already on treatment, and 3) facilitate transition from the hospital to outpatient treatment for OUD.

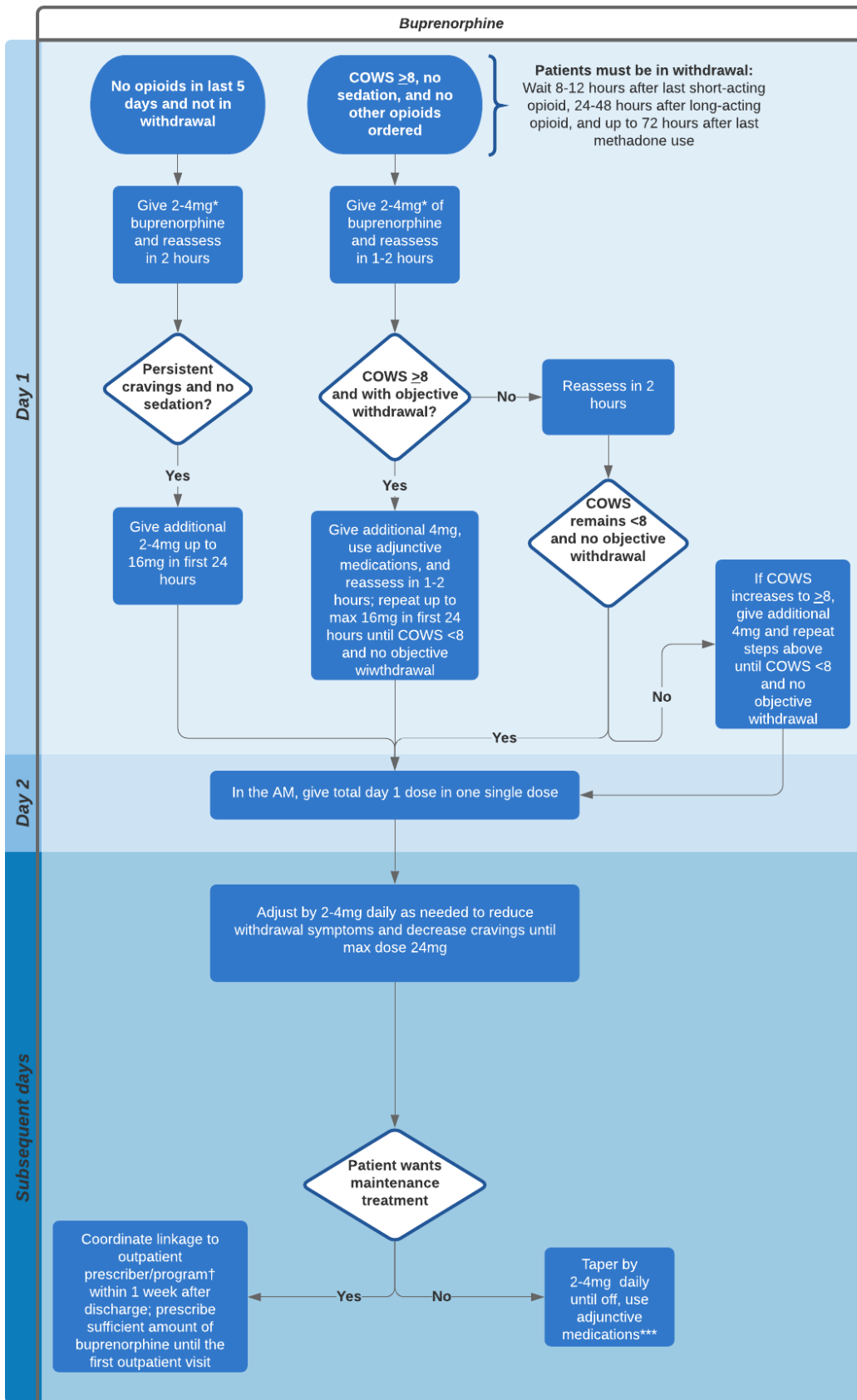
Regulatory Issues:

- Under DEA regulations and Title 21 of the Code of Federal Regulations, there are no restrictions limiting the care of a patient admitted to the hospital for a primary medical problem who also requires therapy (methadone or buprenorphine-naloxone) to prevent and treat opioid withdrawal that would complicate the primary medical problem. **Thus, any medical provider (including residents/housestaff) can order and administer buprenorphine or methadone to prevent or treat withdrawal without a time limitation.**
- On discharge, any authorized provider with a standard DEA registration can prescribe buprenorphine-naloxone. A DATA-Waiver or "X-Waiver" is no longer required.

Resources for Expert Opinion and Clinical Questions

	Mount Sinai Hospital	Mount Sinai West and Morningside	Mount Sinai Beth Israel
Support Service	REACH Program Contact: Call REACH Program (outpatient) at 646-951-1693 to help facilitate linkage to post hospitalization care	Addiction Consultation and Evaluation Service (ACES) Epic SecureChat: MSW Addiction Consultation and Evaluation Service or MSM Addiction Consultation and Evaluation Service	Addiction Psychiatry Consult Contact: MSBI Addiction Psychiatry Consult (Epic Secure Chat) 24/7. For ED patients contact Ethan Cowan (Epic Secure Chat) or 917-447-4964

Inpatient Initiation of Buprenorphine



[Clinical Opiate Withdrawal Scale](#)

[DSM-5 Criteria for Opioid Use Disorder](#)

*Give lower dose for patients at risk for oversedation (i.e. older, those with respiratory disease, concurrent use of sedating medications), with no or low opioid tolerance, or have lower daily opioid use (i.e. 1-2 bags heroin/day, oxycodone 5-10mg/day); give higher dose for patients who have higher daily opioid use/higher tolerance.

**Use lower dose or increase more slowly in patients who do not use opioids daily, use weaker opioids (i.e. codeine), or who have not used opioids in >5 days.

***Tapering off completely is associated with increased post-hospital relapse and overdose; maintenance treatment is standard of care for OUD and highly encouraged.

†This may be either a prescriber at an office-based opioid treatment program or an OTP.

Continuing Outpatient Buprenorphine Treatment for Opioid Use Disorder in the Hospital

1. Verify dose by checking prescription drug monitoring program (PDMP) or calling opioid treatment program (OTP)
1. Buprenorphine dispensed to patient at OTP will not display on PDMP, must call OTP to verify
2. Continue verified dose unless change in mental status, contraindication, or concern for precipitated withdrawal in setting of recent opioid use
 - a. Can follow buprenorphine-naloxone initiation flowsheet for re-initiation
2. On discharge, ensure patients have sufficient buprenorphine-naloxone medication to bridge to outpatient follow-up
 - b. Coordinate with patient's primary buprenorphine prescriber and engage local support service (i.e. addiction consult) at your hospital campus

Discharge Planning Guide:

1. **For new buprenorphine patients only: Prior to discharge, make a plan for continuation of treatment and ensure patient's outpatient provider can continue buprenorphine prescribing. Of note, ALL clinicians with a standard DEA registration to prescribe controlled substances, can prescribe buprenorphine for opioid use disorder.** Please include patient name, MRN, estimated date of discharge, patient contact information. Consider patient home address and preferred site of ongoing treatment:
 - a. The REACH Program (17 East 102nd St. 7th Floor): REACH@mountsinai.org or call 646-951-1693 during business hours
 - b. Mount Sinai West Opioid Treatment Program: annie.levesque@mountsinai.org
 - c. Mount Sinai Beth Israel 6 Bernstein Clinic: Epic Secure Chat MSBI-6B Outpatient Referral
2. **For established buprenorphine patients: Prior to discharge ensure they have a follow-up with their buprenorphine provider.**
3. **Discharge with a 7-14 day prescription of buprenorphine-naloxone (film or tablet) to bridge until outpatient appointment.**
 - a. Can be written by any clinician with a DEA license, including housestaff prescribing under the hospital DEA license.
 - b. Call pharmacy to ensure no prior authorization required and that preferred formulation for patient's insurance (film or tablet) is available. All NYS Medicaid (including Managed Medicaid) plans cover all buprenorphine products for opioid use disorder WITHOUT prior authorization.
 - c. Do not order the buprenorphine monoprodut (not co-formulated with naloxone) as this formulation may not be covered by patient's insurance for the treatment opioid use disorder
 - d. If uninsured/underinsured, please contact social work and your local addiction support service (i.e. addiction consult). At MSH, patients are eligible to receive a 7-day supply of buprenorphine for up to 24mg daily FREE at bedside prior to discharge – Please contact the inpatient social worker.
4. **Discharge patient with a take-home naloxone kit for overdose prevention.**
5. **Provider patients with harm reduction counseling to reduce risk of overdose and local syringe service program information.**
 - a. NYC DOH Reduce Your Risk of Overdose, Hep C, HIV:
 - i. English: <https://www1.nyc.gov/assets/doh/downloads/pdf/mental/reduce-your-risk-od.pdf>
 - ii. Spanish: <https://www1.nyc.gov/assets/doh/downloads/pdf/mental/reduce-your-risk-od-sp.pdf>
 - b. NYC DOH Guide to Syringe Service Programs in NYC
 - i. English: <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/syringe-service.pdf>
 - ii. Spanish: <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/syringe-service-sp.pdf>