



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### Methadone and Buprenorphine Authorized Use for Opioid Dependence

**Effective Date:** February 14, 2019

**Policy:** TX-36

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- I. PURPOSE:** To define the authorized use of methadone and buprenorphine products (e.g. Suboxone/Subutex) for the treatment or maintenance of opioid dependence when a patient is admitted to the hospital with another underlying medical condition.

To define the scope of the use of methadone or buprenorphine products for the treatment of opioid dependence in a facility that is not a registered Opioid Treatment Program (OTP) provider.

**II. POLICY:**

- A. It is the policy of Montana State Hospital (MSH) to support continuation of opioid dependency treatment. opioid dependence maintenance therapy.
1. The use of methadone and buprenorphine products as maintenance therapy for opioid dependence is limited to patients admitted to the hospital with an underlying medical or psychiatric condition other than opioid dependence that have a documented diagnosis of opioid addiction and are already under the care of a registered Opioid Treatment Program or a qualified DATA 2000 provider.
- B. It is the policy of MSH to initiate treatment of opioid dependence under the following conditions.
1. As an incidental adjunct to medical, psychiatric or surgical conditions other than opioid addiction to prevent opioid withdrawal symptoms that would complicate the primary medical or psychiatric problems.
  2. Treatment of opioid addiction initiated in the absence of any other underlying medical condition is limited to 72 hours while the patient is being referred to an Opioid Treatment Program or a DATA 2000 Waiver ID qualified provider.

**III. DEFINITIONS:**

- A. Drug Addiction Treatment Act of 2000 (DATA 2000), qualified physicians may apply for waivers to treat opioid dependency with approved buprenorphine products in any setting in which they are qualified to practice, including an office, community hospital, health department, or correctional facility. A “qualifying physician” is specifically defined in DATA 2000 as one who is: Licensed under state Law (excluding physician assistants or nurse practitioners); registered with the Drug Enforcement Administration (DEA) to dispense controlled substances; required to treat no more than 30 patients at a time within the first year and up to 100 patients

thereafter; qualified by training and/or certification. Also, in order to maintain a waiver, a physician must be capable of referring patients to counseling and other services.

**IV. RESPONSIBILITIES:**

A. Licensed Independent Practitioners are responsible for adherence to this policy.

**V. PROCEDURE:**

**A. Opioid Dependence Maintenance Therapy:**

1. For continuation of opioid dependence maintenance care:
  - a. Observe patient confidentiality by adherence to MSH policy HI-18, HIPAA Documentation and Record Retention.
  - b. Verify and document the patient is enrolled in a treatment program or with a DATA Waived provider.
  - c. Verify and document the medication and dose with the patient's addiction treatment provider.
  - d. Consult with addiction or pain management specialist if concomitant pain medications are to be initiated.

**B. Emergent Detoxification (Non- Opioid Treatment Program (OTP):**

1. If the only medical condition being treated is opioid dependence the DEA three-day rule applies.
  - a. The use of either methadone or buprenorphine to relieve acute withdrawal symptoms is restricted to no more than 72 hours while arranging for the patient's referral to a registered treatment program or provider. The 72-hour period cannot be extended or repeated.

**VI. REFERENCES:**

- A. United States Department of Health and Human Resources, Substance and Abuse and Mental Health Services Administration SAMHSA, <http://www.samhsa.gov/medication-assisted-treatment> (Accessed April 2016).
- B. Controlled Substance Act 1970 U.S. Drug Enforcement Administration (DEA).
- C. The Federal Narcotic Addiction Treatment Act of 1974.
- D. Drug Addiction Treatment Act 2000 (DATA 2000).
- E. Related State and local regulations.

**VII. COLLABORATED WITH:** Medical Director, Director of Nursing, Pharmacy.

**VIII. RESCISSIONS:** None, new policy.

**IX. DISTRIBUTION:** All hospital policy manuals.

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Dependence**

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- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per M.C.A. 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director.
- XII. ATTACHMENTS:** None.

Signatures:

Kyle Fouts  
Interim Hospital Administrator

Thomas Gray, M.D.  
Medical Director