

Discharging Patients With Methadone: Linkage to Outpatient Care



Authors: Angela Kerins PharmD, Geoff Pucci PharmD, George Weyer MD, Mim Ari MD, JP Murray MD, Andrea Landi MD, Sarah Dickson APN

Problem

- Outpatient Treatment Programs (OTP “Methadone Clinic”)
 - Limited hours, locations, and intake restrictions/challenges
- Prescribing Limitations
 - Can **NOT** prescribe methadone for OUD, dispense from OTPs only
- Patient Challenges
 - Life restrictions (job, appointments, stigma, etc.)

Goal

- Optimize DEA exception → Methadone “3 day dispense”
- Expedite discharge → Decreasing length of stay → Decrease readmission
- Harm reduction → Initiating medications for opioid use disorder (MOUD) treatment
- Linkage to care → OTP

Innovation: Take Home Methadone “3 day dispense”

2020

- UCM formulary changes: methadone expanded to initiation of therapy for maintenance and detoxification
- Prior to update methadone was only allowed for continuation of prior to admission medication with confirmation from outpatient treatment program

2023

- Provision of the ACT to revise 21 CFR § 1306.07(b)
 - “so that practitioners.. are allowed to dispense not more than a three-day supply of narcotics drugs to one person or for one person’s use at one time for the purpose of initiating maintenance treatment or detoxification treatment (or both).”

2024

- Take home Methadone implemented (3 day-72 hour dispense)
 - Inpatient bridging to outpatient treatment

Acknowledgements

- Opioid Use Disorder Consult Team; Kendal Shoaf PharmD and Cameron Lyles Informatics; MaryAnn Francisco MSN, APN

Intervention Design: “3 day dispense”

Stakeholders

- Intradepartmental Leadership (Pharmacy, Nursing, Physician)
- Frontline staff (Pharmacists & Narcotic Technicians, Nurses, Providers)

Laws and Regulations

- Dispense from inpatient pharmacy for outpatient use
- Label needs to meet outpatient regulations with medication guide
- Maximum dispense three day supply
- Track from inpatient to dispense to discharge (chain of custody)

Informatics

- Order development
- Dispensing and tracking
- Documentation in electronic medical record
- Medication guide in discharge documents

Education

- All impacted medical staff
- Combat stigma and bias
- Clarify legality and safety

Impact: Linkage to Outpatient Care

methadone soluble tablet (TAKE-HOME) 40 mg[Ⓔ] Dose: 40 mg : Oral : EVERY 24 HOURS :

1100 Due

Admin Instructions:
DO NOT administer: RN to provide a 72 hour take home supply (3 doses) on discharge to the patient for out of hospital use.

Product Instructions:
HIGH ALERT MEDICATION. Confirm dose and patient allergy status. NOTE: The 10 mg dose is one-quarter (1/4) of a 40 mg soluble tablet.
Ordered Admin Dose: 4 Split Tablet (4 × 10 mg Split Tablet) | Dispense Location: CSM CCD Pharmacy

University of Chicago Medical Center Hospital Pharmacy
5841 S. Maryland Ave., Chicago, IL

Work Label

Cbistest, INPTI [25 yrs] IADM-TEST-02
MRN: 3026905 Order # 367511048

methadone 10 mg soluble tablet (TAKE-HOME)
Dose: 40 mg = 4 Split Tablet
Route: Oral Frequency: EVERY 24 HOURS
Total Dispense Qty: = 3 day supply

RPH: _____ Ordering provider: Dr. Angela Kerins, Pharm.D.

University of Chicago Medical Center Hospital Pharmacy
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Route: Oral Frequency: EVERY 24 HOURS
Dispense: methadone 10 mg soluble tablet (TAKE-HOME)
Dispense Qty: 4 Split Tablet

RPH: _____ Ordering provider: Dr. Angela Kerins, Pharm.D.
Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed

50
Unique
Orders:
First
5 months

Lessons Learned” and “Next Steps

- Lessons Learned:
 - Ordering/Dispensing Delays – Ensure early order entry to allow for delivery prior to discharge
 - Methadone Bias/Stigma – Role in treatment, legal concerns and overdose education
- Next Steps
 - Collaboration with Patient Care Coordinators