State of Iowa Department of Corrections

Policy and Procedures

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Chapter 6: Health Services
Sub Chapter: Acute/Specialty Services
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Subject: Medication Assisted Treatment for Opioid Use Disorder
ACA Standards: 5-ACI-5E-11, 5-ACI-6A-41
Responsibility: Dr. Jerome Greenfield
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Authority:

1. PURPOSE

Evidence-based practices show that the use of MOUD Medications for Opioid Use Disorders (MOUD) are effective in maintaining sobriety and the eventual abstinence from abuse of opioid medications. The successful treatment of opioid use disorder will allow patients a greater opportunity for success in reentry by preventing relapse and allowing them to maintain sobriety on release.

2. POLICY

To identify patients that are appropriate for medication assisted treatment and provide the necessary support and counselling for successful management of opiate addiction and withdrawal.

3. DEFINITIONS

A. MOUD - Medications for Opioid Use Disorders

B. OTP - Opioid Treatment Program

C. Data 2000 Waiver - Physicians with specialized training to prescribe buprenorphine

D. PMP - Prescription Monitoring Program

E. MSW - Medically Supervised Withdrawal

F. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURES

Patients who are in treatment for opioid dependence may be remanded to Iowa DOC while still in treatment for this condition. Abrupt discontinuation of medications for opioid dependence management can cause severe withdrawal symptoms and interfere with the treatment of their disorder. To successfully manage the maintenance or detoxification of patients on these treatments, these patients will need to be maintained for an indefinite period of time on these medications until they can be successfully weaned off medication and given support and counselling to provide for successful re-entry. These patients may be restarted on Medications for Opioid Use Disorders (MOUD) prior to discharge. Pregnant patients are a special case and should be maintained on MOUD while pregnant to prevent miscarriage caused by opioid withdrawal.

A. Criteria for Eligibility

Criteria for determination of patient participation in the MOUD program are outlined in **HSP-615 Attachment A**.

1. Patients will be tested for Urine Drug Screening by security staff prior to treatment. Once approved for MOUD therapy, security staff will conduct monthly Toxicology UA as ordered by the provider and entered into ICON. In the event of abnormal results, this should be relayed to health services and psychiatry staff. Nursing staff will conduct random monthly Buprenorphine dipsticks and entered into ICON medical.

2. Patients will be evaluated by a physician/psychiatrist to determine patient eligibility for MOUD. To be eligible, patient must be enrolled in an Opioid Treatment Program (OTP) or receiving buprenorphine products from a DATA2000 Waivered physician. Once treatment eligibility for opioid use disorder is verified, a prescription monitoring program search will be performed to review recent prescriptions. Patients should not be using benzodiazepines or other opioid medications.

3. The prescriber will complete MOUD contract with the patient and then schedule induction day with nursing staff.

4. Baseline LFT will be ordered prior to initiation of MOUD therapy and follow up labs will be scheduled according to clinical evaluation by the prescribing practitioner.

B. Medications that are used for MOUD

Medications for the management of opioid use disorder include:

1. Methadone

2. Buprenorphine

3. Buprenorphine with naloxone

4. Naltrexone

5. The opioid overdose withdrawal medication, naloxone, should also be available for use if an overdose occurs.

6. Sublocade

Only providers with a DATA2000 Waiver are able to prescribe buprenorphine products. Methadone must be obtained through an outside provider until such time as they can be converted to buprenorphine treatment.

C. MOUD During Pregnancy

Pregnant patients with active opioid use disorder should avoid withdrawal from opioids due to the increased risk for loss of the pregnancy during withdrawal. Methadone is most commonly used in the treatment of pregnant patients. Suboxone can be used as well.

D. Maintenance and Detoxification

1. Once a patient has been determined to be a candidate for continuation of MOUD, an evaluation and treatment plan should be developed in coordination with psychiatrist and entered into the medical record.

2. The patient will be followed regularly by the psychiatrist/medical provider and psychologist

3. Detoxification should occur at a rate based on provider judgement and patient response.

E. Dispensing of Medications

1. Methadone and Buprenorphine products are controlled substances and per DOC policy will only be dispensed from observed medication pill lines.

2. Per the manufacturer's REMS program, Buprenorphine XR injection cannot be dispensed to anyone but a healthcare provider. In the IDOC, this is done by the IDOC Central Pharmacies dispensing each patient-specific dose directly to the IDOC facilities and the medication being administered only by licensed RNs who have had the specific Buprenorphine XR training. Buprenorphine XR is NOT to be dispensed directly to patients; a reminder of this will be sent with each dose. The IDOC Central Pharmacies do not sell, transfer, loan, or distribute Buprenorphine XR injections.

F. Failure to Comply

1. Disciplinary action may occur if a patient fails to comply with rules and regulations pertaining to MOUD services. Patients who are found to divert or abuse their medication may be subject to immediate termination of services (except in pregnancy).

2. Patients who abuse or divert their medications may be subject to Medically Supervised Withdrawal (MSW) that will include a rapid taper of medication and use of withdrawal procedures and medications as established by Iowa DOC.

G. Discharge

Patients in treatment that have not completed MOUD prior to discharge will be referred to a MOUD provider for continuation of therapy, counselling and monitoring of the patient's progress with treatment. Continued support of these patients will prevent relapse and decrease recidivism rates.