

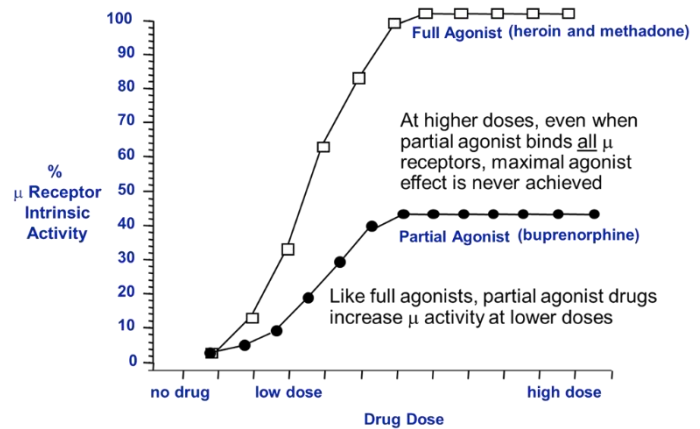
Initiation of MOUDs in the Inpatient Setting

General Considerations

- Prescriber availability
 - Methadone: restricted to Opioid Treatment Programs
 - Buprenorphine: outpatient X-waivered provider needed
 - Naltrexone: any provider can continue this medication
- Co-morbidities (ex, alcohol)
- Patient experience
 - What have they taken previously?
 - How helpful was it?
 - Any adverse effects?
- Where are they going after discharge?
 - Home, SNF, street...?
 - What will be available in that setting?

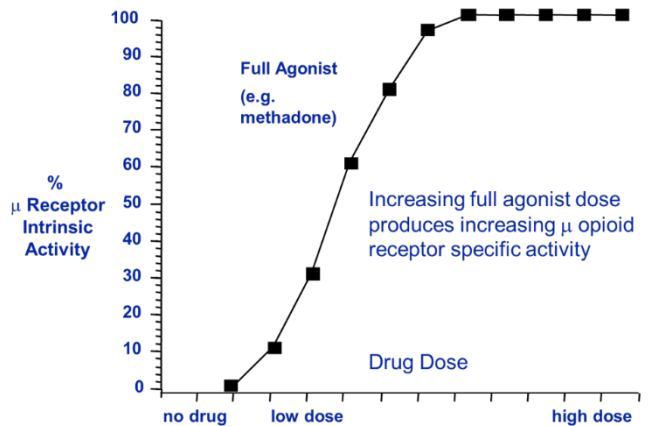
Buprenorphine

- Partial agonist of μ -opioid receptors
 - Less reinforcing than a full agonist, but more acceptable to patients than a full antagonist
- Must be aware of timing related to last use of illicit opiates or those dosed while in the hospital
- Induction:
 - Day 1:
 - Patients should be in moderate withdrawal (12-24 hours after short acting opioid, 36-72 hours after long acting opioids)
 - First dose: 4mg sublingual
 - May repeat in 1-2 hours if withdrawal symptoms persist
 - Maximum dose first day = 24-32 mg
 - Day 2 and onward:
 - Assess effectiveness of first day's dose
 - Increase, maintain, or decrease dose as needed
 - Proper dose achieves 2 goals:
 - Alleviation of withdrawal symptoms
 - Suppression of cravings
 - Most patients require 16-24 mg buprenorphine/day
 - Maximum dose = 32mg/day (rarely necessary)



Methadone

- Agonists of μ -opioid receptors
- "Start low and go slow"
 - Onset: 30 min to 1 hour and peak effect: ~6-7 hours
 - Half-life: 24 hours
 - Typical dose to start 30-40 mg daily; to continue for at least first 2-3 days before increasing
- May be started and used while on other opiates
- Should not be titrated for pain
- Candidates for methadone treatment are referred to an appropriate OTP



Naltrexone

- Antagonist of μ -opioid receptors and does not activate them
- Naltrexone is available in oral or long acting (XR) intramuscular injectable formulations
- First dose is given no less than 7-10 days after last dose of opioid agonist or partial agonist
- Necessitates managed opioid withdrawal
 - Symptomatic care during detox