**Inpatient Care for Patients on Medications for Opioid Use Disorder (MOUD)**

**Buprenorphine (Suboxone, Subutex, Zubsolv, Sublocade, etc.)**

* Confirm the patient’s dose
  + Check the PDMP
  + Call the pharmacy if out of state or PDMP doesn’t match patient’s reported medication history
  + Discuss with the patient how they take the medication
* Determine the time of the last dose
  + If < 24 hours since last dose, continue home dose
  + If > 24 hour may require new induction; discuss with the patient. Consult local experienced buprenorphine provider, addiction expert, or call the COE MAT Provider Hotline at **1-866-HELPOUD** if needed

***Note: no X-Waiver is required to order this medication while inpatient***

* Follow up planning:
  + Determine if patient has medication at home by asking them and confirming in PDMP based on last fill and prescription length
  + Ensure follow up with outpatient provider is scheduled and patient aware
  + If patient requires medications until follow up appointment an X-Waiver is required to write this prescription

*For information on dose adjustments or discontinuation of medications to treat pain in the acute setting, see document on treatment of pain for patients on MOUD.*

**Methadone**

* Confirm dose : Call Opioid Treatment Program (Methadone Clinic) and ask to confirm patient’s dose. You will need to give them the patient’s name and DOB.
  + Ask for amount of daily dose and the date of last dose
  + Inform them of hospitalization and expected length of stay
* Resume daily dosing only after confirmed
  + If unable to contact OTP and there is an concern for acute withdrawal, may give low dose (20-30 mg) until OTP may be reached

Chronic stable methadone does NOT treat acute pain. This medication is needed at the baseline stable dose for patients to remain in homeostasis. **Patients in the acute setting may need other opioids to treat their pain**. *For information on how to treat pain in the acute setting for patients on methadone, see document on treatment of pain for patients on MOUD.*

**Naltrexone and XR-Naltrexone (ReVia and Vivitrol)**

* Confirm dose:
  + Naltrexone is not a controlled substance and is not listed in PDMP. It may have been delivered by a specialty pharmacy or may not have been filled by outpatient pharmacy.
  + Need to rely on patient and/or outpatient provider to determine time of last dose taken/last injection
* If patient is due for injection while hospitalized, you may convert to oral naltrexone 50 mg PO daily, until discharge and outpatient follow up
* Will need to utilize and maximize non-opioid analgesics (NSAIDS, local, ketamine, etc.) while patient is hospitalized. For acute severe pain, it can be overridden with fentanyl. Contact a local pain or addiction expert or call the COE MAT Provider Hotline at **1-866-HELPOUD** if needed

*For more information on how to treat pain in the acute setting for patients on naltrexone, see document on treatment of pain for patients on MOUD.*