

<p style="text-align: center;"><b>STATE OF IOWA</b> <b>DEPARTMENT OF CORRECTIONS</b></p> <p style="text-align: center;"><b>POLICY</b> <b>AND PROCEDURES</b></p>		Policy Number HSP-615	Applicability <input checked="" type="checkbox"/> DOC <input type="checkbox"/> CBC
		Policy Code Public Access	Iowa Code Reference N/A
Chapter 6 HEALTH SERVICES	Sub Chapter ACUTE/SPECIALTY SERVICES	Related DOC Policies N/A	Administrative Code Reference N/A
Subject MEDICATION ASSISTED TREATMENT FOR OPIOID USE DISORDER		ACA Standards 4-4376 4-4437	Responsibility Dr. Jerome Greenfield
		Effective Date August 2017	Authority Jerry Bartruff Director Signature on file at Iowa DOC

**I. PURPOSE**

Evidence-based practices show that the use of medication assisted treatment (MAT) for the management of opioid use disorder is 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.

**II. 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.

**III. DEFINITIONS**

- A. MAT - Medication Assisted Treatment
- 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.

#### **IV. 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. Pregnant patients are a special case and should be maintained on Medication Assisted Treatment (MAT) while pregnant to prevent miscarriage caused by opioid withdrawal.

##### **A. Criteria for Eligibility**

Patients will be evaluated by a physician to determine patient eligibility for MAT. 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 cannot be using benzodiazepines or other opioid medications.

##### **B. Medications that are used for MAT**

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.

**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. MAT 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. The used of methadone is most commonly used in the treatment of pregnant patients, buprenorphine (without naloxone) is not being used more often.

D. Maintenance and Detoxification

1. Once a patient has been determined to be a candidate for continuation of MAT, an evaluation and treatment plan should be developed in coordination with psychiatrist and entered into the medical record.
2. Evidence based guidelines recommend that opioid treatment continue for approximately one year based on previous treatment history and the evaluation of the treating physician and therapist.
3. Detoxification should occur at a rate based on provider judgement and patient response.

E. Dispensing of Medications

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

F. Failure to Comply

1. Disciplinary action may occur if a patient fails to comply with rules and regulations pertaining to MAT 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. Discontinuation

Once patient treatment goals have been met, the MAT provider in coordination with psychiatry will implement a detox schedule with medically supervised withdrawal. Supportive measures, including blood pressure monitoring and medications to treat withdrawal symptoms are appropriate for these clients.

H. Discharge

Patients in treatment that have not completed MAT prior to discharge will be referred to a MAT 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.