



CONNECTION, TREATMENT & COMMUNITY

Legal & Regulatory Considerations for Hospital-Based/Inpatient Treatment of OUD

BUPRENORPHINE

May be prescribed for the treatment of OUD by any prescriber who holds a DEA license to prescribe controlled substances. An "x-waiver" is no longer required. This applies to both when the patient is admitted to the hospital AND in the outpatient setting.

- [SAMHSA article](#) on Waiver elimination
- MAT Act: [Consolidated Appropriations Act, 2023](#) (also known as Omnibus bill)- section 1262 removed the federal requirements for practitioners to submit a Notice of Intent (NOI), i.e. "x-waiver" to prescribe buprenorphine for the treatment of OUD. May now prescribe for the treatment of OUD on discharge for patients.
- Any DEA licensed provider can prescribe/order buprenorphine products to treat OUD for a patient while in the hospital as per [Title 21 of the Code of Federal Regulations, Section 1306.07 \(B\)](#).

METHADONE

May be prescribed/ordered by any prescriber who holds a DEA license while a patient is admitted to the hospital to treat incidental withdrawal, maintain treatment or initiate treatment when the patient is being treated for another condition.

- Any DEA licensed provider can prescribe/order methadone products to treat OUD in a patient while in the hospital as per [Title 21 of the Code of Federal Regulations, Section 1306.07 \(B\)](#).
 - While a patient is admitted to the hospital there are no restrictions on the quantity of methadone being administered to treat withdrawal symptoms (initiation of methadone treatment or comfort treatment) or maintain a patient (already on methadone treatment) with incidental OUD, while they receive treatment for another condition. (section C)
 - A supply of methadone can be dispensed/administered by an ED or outpatient setting for up to a maximum 3 day supply to initiate or maintain a patient on methadone while coordinating continuing treatment with an OTP. (section B)
- The [Drug Addiction Treatment Act \(DATA\) of 2000](#) permits DEA licensed providers to treat OUD with opioids approved by the Food and Drug Administration (FDA) for that indication (methadone or buprenorphine). DATA regulations state that methadone may only be prescribed at hospital discharge for the indication of control of pain, not OUD. If methadone is to be continued after discharge, the patient needs to be referred to a designated methadone clinic.
- OTPs can only provide methadone to patients aged 18+, unless receiving state approval. Buprenorphine is approved for adolescents.

Effective April 2, 2024: [42 CFR Part 8](#)

- Day 1 dose can now be up to 50 mg (from 40 mg previously)
- Telehealth: patients are able to enroll in methadone treatment via a video telehealth visit, and an in



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person screening is no longer required.

- Opioid Treatment Program (OTP) clinics are able to send patients home with up to a 7 day supply, as of the date of their first OTP appointment.
- Jails, prisons and long-term care facilities can now dispense methadone without becoming an OTP.
- Federal mandates got rid of the requirement that patients must have a full one year history of OUD before being eligible for methadone treatment.
- Split dosing is now allowable by OTP clinics, as long as there is documentation as to the need for it.

FULL OPIOID AGONISTS

May be prescribed/ordered by any prescriber who holds a DEA license while a patient is admitted to the hospital to treat incidental withdrawal or maintain tolerance when the patient is being treated for another condition.

- Any DEA licensed provider can prescribe/order opioid products to treat OUD in a patient while in the hospital as per [Title 21 of the Code of Federal Regulations, Section 1306.07 \(B\)](#).
 - A "narcotic drug" listed in any schedule (ie morphine, hydromorphone, fentanyl, oxycodone, etc) can be administered for the purposes of treating withdrawal symptoms (comfort treatment, treatment for precipitated withdrawal, or adjunct to methadone) or to maintain tolerance in a patient with incidental OUD, while they receive treatment for another condition. There are no restrictions on the quantity or days administered in this context. (section C)



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