



Department of Psychiatry OP-Recovery Services

Title: Medication Assisted Treatment (MAT) - Naltrexone

Purpose: To establish a process for clients who have been referred for MAT services, specifically with the use of Naltrexone.

Accountability: It is the responsibility of the treating provider

Procedure:

1. Following the results of or in combination of Diagnostic Assessment / Psychiatric Evaluation in which MAT, specifically the use of an antagonist Naltrexone has been recommended the following steps will occur. Client will be linked with corresponding LOC services.
2. Naltrexone requires that the client be negative /abstinent for both opioids and alcohol for a period of at least 7-10 days in order to being the medication to avoid precipitated withdrawal. The client must be negative for or abstinent from buprenorphine at least 14 days, and Methadone for 30 days.
3. Clients will be provided education on the medication and encouraged to wear an alert bracelet or necklace in the case of being rendered unconscious and needing medical care.
4. Vital Signs and COW's assessment are collected and documented within the clinical record.
5. Client will complete the following tests as ordered by a licensed physician: CBC with Diff, CMP, TSH, Lipid Profile,HCG, Hepatitis and HIV, EKG.
6. A Urine drug POC screen will be completed and results documented within the clinical record:
 - If the client is negative for opioids the naltrexone challenge will be initiated.
 - If the client tests positive for opioids or is manifesting signs of opiate withdrawal, naltrexone therapy should not be attempted.
7. The Naltrexone Challenge should be closely monitored for the appearance of manifestations of opiate withdrawal and vital signs should be monitored.
8. If manifestations of opiate withdrawal are evident following the naltrexone challenge test, do not begin with naltrexone therapy.
9. If evidence of withdrawal is absent, naltrexone therapy may be initiated either in pill form for up to but not limited to 2 weeks, or by injection.
10. LFT and pregnancy for women of child bearing age will be ordered at a rate of 1x a month, results with elevated enzyme levels will be monitored more closely at a rate set by prescriber.

11. Client will see the doctor initially q2-4wk for 2 months, then once a month, unless specified otherwise by prescriber.
12. If clients tests positive on drug screens while already receiving medication, the following should be utilized as treatment interventions:
 - THC- Continue prescription with contract requiring that levels decrease. Failure to have decreasing levels (within 2 weeks) or breaking of this contract (failure to attend IOP or other use or lack of AA) may result in cessation of medication.
 - Cocaine- Continue prescription of with contract requiring cessation of cocaine and compliance with other treatment services.
 - Opiates- Halt prescription until client test negative for opiate/opioid use for at least 7 days. If they are already exhibiting withdrawal, symptomatic treatment should be offered for nausea (Zofran/ clonidine) until they test negative.
 - Benzos- Halt prescription. If engaged in treatment services, consider prescribing when clean on POC or lab. Check for any false positives. If non-engaged, refer to clinical for contract. If on contract, refer to clinical for discharge instructions.
13. If known false positive, prescription may be continued at the discretion of the physician and barring compliance in other treatment services. If appropriate, medication adjustments may be made.
 - Other substances-Continue prescription of with contract requiring that levels decrease. Failure to have decreasing levels or breaking of this contract (failure to attend IOP or other use or lack of AA) results in taper of naltrexone.

Resources: SAMHSA

Approved by: Recovery Services Leadership T. Singh, MD 11/2019
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