

UTMC CARE CLINIC GUIDELINES RYAN WHITE PROGRAM

Guideline: Medication Assisted
Treatment (MAT) - Naltrexone



Responsibility: Treating provider and patient

Purpose of Guideline: To establish a standardized process for initiating and managing MAT using Naltrexone for patients with opioid use disorder or other clinically appropriate indications..

Effective Date: 4/2026

Initial Effective Date:
4/2029

Procedure:

(A) Pre-Initiation Assessment

- MAT consideration follows results of a comprehensive Diagnostic Assessment / Psychiatric Evaluation. Naltrexone is recommended only after clinical assessment confirms appropriateness.

(B) Ohio Law Compliance: Providers must review the Ohio Automated Rx Reporting System (OARRS/PDMP) for all control substances before initiation and at regular intervals during treatment. **Opioid Abstinence Requirement**

- Oral naltrexone: Patient must be abstinent from all opioids for 7-10 days
- Buprenorphine: At least 14 days abstinent
- Methadone: At least 30 days abstinent
- Negative urine drug screen (UDS) or LCMS for opioids is required prior to initiation

(C) Patient Education

- Educate patients on naltrexone use, side effects, and overdose risk if opioids are taken concurrently
- Encourage wearing an alert bracelet or medical ID indicating naltrexone therapy
- Provide education on naloxone use and overdose recognition.

(D) Clinical Monitoring and Documentation

- Document vital signs, UDS, CIWA and/or COWS assessment in the EMR prior to initiation

- Baseline labs: CBC with differential, CMP, TSH, Lipid profile, GGT, HCG (if applicable), Hepatitis panel, HIV testing
- EKG if clinically indicated (e.g., history of cardiac disease)

(E) Naltrexone Challenge Protocol

- Only performed if patient tests negative for opioids and demonstrates no withdrawal
- If opioid-positive or exhibiting withdrawal, naltrexone initiation is deferred.
- Monitor closely during challenge for emergent withdrawal; monitor vital signs.
- If withdrawal occurs, do not initiate therapy.

(F) Initiation of Therapy

- Oral naltrexone: administered daily
- Extended-release injectable naltrexone (XR-NTX): Administered every 4 weeks by trained medical staff
- LFT and pregnancy testing (for patients of childbearing potential) monthly; monitor elevated LFTs as clinically indicated.

(G) Follow-Up Schedule.

- Weekly visits until medication stability is achieved
- After stabilization, visits every 28 days, unless the provider specifies otherwise

(H) Positive Drug Screen Management (During treatment)

- THC: Continue naltrexone with ongoing clinical evaluation
- Cocaine: Continue with contract requiring cessation and compliance with treatment/support services.
- Opiates: Hold naltrexone until negative UDS. Provide ambulatory withdrawal management if indicated.
- Benzodiazepines: Continue; confirm via LCMS for false positive. Reassess level of care; place on compliance contract if needed.
- Other substances: Continue with contract; failure to reduce use or adhere to program may result in discontinuation.
Knowns false positives may continue naltrexone at prescriber discretion, contingent on compliance with other treatment services.

(I) Documentation and Ohio Compliance

- Review OARRS/PDMP reports at initiation, dose adjustments, and at least every three months

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- Document patient education, labs, and monitoring in EMR per Ohio Administrative Code.

(J) **Resources:**

- SAMHSA MAT Guidelines
- Ohio Department of Behavioral Health

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