UTMC CARE CLINIC GUIDELINES
RYAN WHITE PROGRAM

Guideline: **Medication Assisted Treatment (MAT) - Naltrexone**

Responsibility: Treating provider and patient

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

Effective Date:
March 2024

Initial Effective Date:
March 2024

Procedure:

(A) Following the results of or in combination of Diagnostic Assessment / Psychiatric Evaluation in which MAT, specifically the use of an antagonist naltrexone is recommended, the following steps will occur:

(B) Naltrexone requires that the patient be negative /abstinent for opioids for a period of at least 7-10 days to initiate naltrexone and avoid precipitated withdrawal. The patient must be negative for or abstinent from buprenorphine at least 14 days, and methadone for 30 days. A negative urine drug screen and/or LCMS test for opioids is required.

(C) Patients 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.

(D) Vital signs and CIWA assessment are collected and documented within the clinical EMR.

(E) Patient will complete the following tests as ordered by a licensed physician or APP: CBC with Diff, CMP, TSH, Lipid Profile, HCG, Hepatitis and HIV, EKG when indicated.

(F) A urine drug POC screen will be completed, and results documented within the clinical record.

(1) If the client is negative for opioids the naltrexone challenge will be initiated.
(2) If the client tests positive for opioids or is manifesting signs of opiate withdrawal, naltrexone therapy should not be attempted.

(G) The naltrexone challenge should be closely monitored for the appearance of manifestations of opiate withdrawal and vital signs should be monitored.

(H) If manifestations of opiate withdrawal are evident following the naltrexone challenge test, do not begin with naltrexone therapy.

(I) If evidence of withdrawal is absent, naltrexone therapy may be initiated either in pill form or by injection. The pill form is taken daily and the extended-release injectable is administered every four weeks, or once a month, by a medical staff member.

(J) LFT and pregnancy for people of childbearing capacity 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.

(K) Client will initially see the provider every week until stability on the medication is achieved, then once every 28 days, unless specified otherwise by prescriber.

(L) If clients have unexpected results on drug screens while already receiving medication, the following should be utilized as treatment interventions:

(1) THC - Continue prescription of buprenorphine with ongoing clinical evaluation.
(2) Cocaine - Continue prescription with contract requiring cessation of cocaine and compliance with other treatment services.
(3) Opiates - Halt prescription until patient tests negative for opiate/opioid use. When in active withdrawal, ambulatory detox medication management can be offered until patient has an expected drug urine POC or LCMS result.
(4) Benzodiazepine - Continue prescription. Complete LCMS testing to evaluate for any false positives. Re-evaluate LOC and discuss treatment options. Place on an expectations contract. If on contract, patient may be referred to a higher level of care and provided with discharge instructions.

(M) If known false positive, prescription may be continued at the discretion of the physician and barring adherence in other treatment services.

Other substances - Continue prescription of with contract requiring that levels decrease. Failure to have decreasing levels or breaking of this contract (failure to attend programming or engagement in sober support activities) results in loss of naltrexone prescription.

(N) Resources: SAMHSA

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Initial effective date:
March 2024

Review/Revision Date:
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Next review date:
March 2027