**YNHH- Ambulatory HIV clinic**

**Nathan Smith Clinic and Haelen Infectious Disease Center**

**INJECTABLE NALTREXONE FOR ALCOHOL USE DISORDER**

**Effective 10/1/2014**

1. **Background:** 
   1. In April 2006, the U.S. Food and Drug Administration (FDA) approved a new extended-release injectable formulation of naltrexone (Vivitrol) for the treatment of alcohol dependence.
   2. The clinic recognizes the need for identification and treatment on site of patients with alcohol dependency, as part of our mission to provide a patient- centered, multidisciplinary approach, and high quality HIV care
2. **PURPOSE**
   1. The clinic will provide injectable naltrexone as a treatment option for its own patients with an alcohol use disorder.
   2. The goal of the program is to reduce heavy drinking by providing medication-assisted treatment by a physician with psychosocial counseling administered by the substance abuse social worker

**3. SCOPE**

3.1 Providers, patients, social workers and staff will be able to refer clinic patients

for initial assessment by LCSW as to their appropriateness for medication-assisted therapy of their substance use disorder.

3.2 The *Substance Use (SU) Consult Clinic* can also provide treatment services to

those patients already receiving medication assisted therapy and/or counseling in

other settings or from other clinic providers where additional

services and/or structure is needed

**4. OBJECTIVES**

4.1 To provide on-site medication-assisted treatment for alcohol use disorders.

4.2 To provide individual/group counseling for all patients enrolled in the program to maximize decreases in addictive behaviors and promote and sustain

recovery.

**5.** **IDENTIFICATION OF POTENTIAL PATIENTS** **and TREATMENT INITATION PLANNING**

5.1 Potential candidates for injectable naltrexone treatment are referred to LCSW for assessment.

1. Prescription eligibility should be determined at this time: Engage PFAS

5.2 If a potentially good candidate is identified

1. Reviews treatment agreement
2. Notify Primary MD and/or SU Provider to schedule Medical assessment
3. Notify Charge RN

5.3 Charge RN

1. Request order for and arrange POCT Utox
2. Request order for LFTs, platelets and INR if not completed in past 3 months

5.4 If a patient is deemed a good candidate by primary provider 🡪

1. Primary MD or SU Provider to Notify Charge RN of planned treatment initiation for scheduling
2. Primary MD or SU Provider to Review completed documents (in section 6)
3. Primary MD or SU Provider to Place EMR standing order for monthly injectable medication and Utox - The dose is Naltrexone (Vivitrol) 380 mg IM every 4 weeks
4. Charge RN to obtain from YNHH pharmacy supply as needed on monthly basis per schedule
5. RN to administer injection on site **after** Utox has been interpreted and confirmed **negative** for opioids (to avoid precipitating withdrawal).

**6.** **RELATED DOCUMENTS**

6.1 SA Assessment by social worker (EPIC)

6.2 Eligibility checklist (Utox, LFTs, major depression/SI, opioid use, alcohol use,

Pregnancy status, current or anticipated need for pain management with opioids)

6.3 Treatment Agreement

6.3 Frequently Asked Questions Hand-Out

6.5 Medication treatment card

**7.** **MAINTENANCE**

7.1 Patients will be seen by the prescribing provider biweekly and then monthly.

7.2 Patients will be seen by the LCSW for continued individual/group counseling as

indicated to complete 12- step facilitation. Participation in NA/AA with identification of a sponsor will be encouraged.

7.3 Naltrexone injections will be coupled with these visits.

7.4 Routine LFT monitoring will be performed at 2 weeks and then at least once every 3

months.

7.5 Pregnancy test should be performed routinely if indicated

7.6 Routine Utox will be monitored with every injection

**8. CONDITIONS FOR TREATMENT TERMINATION:**

8.1 If a patient fails to participate in treatment plan, including MD or LCSW visits, they will be advised that they may not receive injectable naltrexone through this protocol and referred to alternative treatment options.

8.2 If a patient is found not to have adequate response to treatment (i.e. continued heavy alcohol use despite naltrexone), patients may be referred to a higher level of care as indicated.

8.3 If a patient is found to have opioids in their urine, naltrexone cannot be administered. Alternative treatment options, including transfer to a higher level of care, will be considered.

Approved

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