

	POLICY: Naltrexone Administration	
	NO. E-02d	Date of Origin: 12/1/2017 Revised:

REFERENCES: FDA Highlights of Prescribing Information for Vivitrol
(https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/021897s020s023lbl.pdf)

FORMS: Naltrexone Discharge Checklist
DOC Substance Abuse Assessment
Regional Naltrexone Provider List

PURPOSE:

In some cases, extended-release naltrexone is clinically indicated for the treatment of opioid use disorders (following detoxification) and to support recovery. Naltrexone shall be considered for all inmates for whom it may be clinically appropriate, including but not limited to those who were discontinued from MAT while in DOC custody or for those who had not been participating in an MAT program upon admission to DOC.

POLICY:

Extended-release naltrexone is indicated to prevent relapse related to opioid dependence, following opioid detoxification. Naltrexone administration should be part of a comprehensive treatment plan that includes psychosocial support. Naltrexone will be considered on a case-by-case basis. All inmates who were discontinued from MAT while in DOC custody shall be considered for naltrexone prior to discharge. All inmates who screen “high risk” on the National Institute on Drug Abuse’s Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) for possible opioid use disorder shall be considered for naltrexone prior to discharge. Qualified healthcare professionals (QHCPs) shall coordinate all pertinent aftercare services in collaboration with the community-based designated treatment provider, DOC caseworkers, and the inmate.

PROCEDURE:

1. The following inmates shall be considered for extended-release naltrexone:
 - Inmates who have submitted a “Healthcare Request Form” indicating that they would like to be considered for naltrexone.
 - Inmates discontinued from MAT while in DOC custody.

- Inmates that screen “high risk” on the ASSIST.
- 2. Qualified healthcare professionals (QHCPs) shall follow the process outlined in the “Naltrexone Discharge Checklist.”
 - The QHCP shall include DOC Caseworkers in the coordination process.
 - QHCPs shall provide the inmate with education on the risks and benefits of extended-release naltrexone.
 - The QHCP shall coordinate with the community-based treatment provider where the inmate will receive ongoing treatment. The QHCP shall confirm with the community-based designated treatment provider that the inmate’s MAT with naltrexone will be continued upon discharge.
 - If the community-based designated treatment provider determines that the inmate may be appropriate to receive naltrexone, and if the inmate consents, a substance abuse assessment may be completed by a DOC-contracted QHCP or by the community-based designated treatment provider. A substance abuse assessment may be completed via tele-health. A substance abuse assessment is **not** required for the inmate to receive naltrexone.
 - The inmate shall have a recent “History and Physical” completed by a QHCP.
 - The QHCP shall administer a UDS exactly 4 days prior to discharge. The DOC Caseworker and QHCP shall be informed of the results and determine if the naltrexone administration process will continue.
 - If the UDS is positive for any opioid, the QHCP may determine that the inmate is not eligible to receive naltrexone IM and may refer the inmate back to the caseworker.
 - If the UDS is negative for all opioids, the QHCP may request an order from the Statewide Medical Director or designee for oral naltrexone 50 mg daily x 3 days.
 - On a case-by-case basis, the Statewide Medical Director or designee will obtain the order for oral naltrexone 50 mg daily x 3 days. The Statewide Medical Director or designee shall re-confirm that the inmate has consented to treatment.
 - The naltrexone IM injection will be administered by a QHCP, generally on the inmate’s discharge date.
 - The healthcare contractor will confirm the day and time of inmate’s follow-up appointment with the community-based designated treatment provider.
 - All follow-up information will be indicated on the inmate’s “Discharge Summary.”
 - The inmate’s health insurance shall be ready for activation upon discharge.
 - The DOC Caseworker shall notify the inmate’s field services case worker as appropriate that the inmate is receiving treatment with extended-release naltrexone.



Naltrexone Discharge Checklist

Instructions: Please initial and date next to any action that has taken place/verified. When section is completed please verify all items are done and sign below to document all verified.

NAME:	DOB/AGE:
DOC FACILITY:	RELEASE DATE:
DESIGNATED TREATMENT PROVIDER SITE:	

Proceed to next box after all items in this section are initialed

Intake by DOC caseworker completed by (case worker name):

Education & fact sheet given to patient by (name): _____

Screened by Designated Treatment Provider representative
(name): _____

Designated Treatment Provider notified of release date by
(name): _____

Seen by DOC contracted mental health professional
(name): _____

OPTIONAL: Substance abuse assessment completed by
(name): _____

Signature:

Date:

PART A

Urine drug screen collected by medical staff 4 days prior to discharge

POS (Stop! Notify Caseworker & MD)

NEG (proceed to section below)

UDS Positive for: _____

Signature:

Date:

PART B

- Order obtained for oral naltrexone 50 mg daily x 3 days from provider(MD name): _____
- Patient started on oral naltrexone minimum of 4 days prior to discharge

Document the administration dates of oral naltrexone below

Dose 1 _____ Dose 2 _____ Dose 3 _____

Signature: _____

Date: _____

PART C

- Order obtained for extended-release naltrexone IM injection (name of MD) _____
- Patient consent obtained
- Naltrexone IM injection given by QHCP (date/time/initials) _____
- F/U Appointment confirmed with Designated Treatment Provider (date/time/initials) _____
- All follow-up information on patient's "Discharge Summary," and patient verbalizes understanding.
- Patient discharged from medical and ready for release from DOC custody.
- This document scanned to CorrecTek under "Naltrexone Documentation" in external docs

Additional Notes: _____

Checklist verified by: _____

Signature: _____

Date: _____

PART D



DOC SUBSTANCE ABUSE ASSESSMENT

Patient Name:

Facility:

Address:

Patient Phone:

Patient SS#:

Interview Date:

PRESENTING SITUATION

MEDICAL STATUS

EMPLOYMENT/SUPPORT STATUS

DRUG/ALCOHOL USE

NARRATIVE

LEGAL STATUS

FAMILY HISTORY

Windsor County:

Connecticut Valley Recovery Services
17 State St.
Windsor, VT 05089
802-674-9400

Windham County:

Habit Opco
16 Town Crier Dr.
Brattleboro, VT 05301
802-258-4623

OR

Brattleboro Retreat (Hub clinic)
1 Anna Marsh Lane
Brattleboro, VT
802-258-3700