	Medication Assisted Treatment			
	Chapter:	Board Service and Program Administration	**Policy #**	2-10-9
	Section:	Medication Services	**Revision #**	4

I. PURPOSE: To establish policy and procedure for the provision of Medication Assisted Treatment (MAT) to consumers using services at West Michigan Community Mental Health who meet eligibility criteria for this service.

II. APPLICATION: All programs and services operated by or contracted with West Michigan Community Mental Health

III. REQUIRED BY: Michigan Department of Health and Human Services (MDHHS), Contract for Managed Behavioral Healthcare Services; Accrediting Bodies; and Certified Community Behavior Health Clinic attestation.

IV. DEFINITIONS:

Medication Assisted Treatment (MAT): MAT is the use of Federal Drug Administration (FDA) approved medications, in combination with counseling and behavioral therapies to a "whole patient" approach to the treatment of substance use disorders. MAT is an evidence-based practice. MAT medications such as: Vivitrol, Suboxone (buprenorphine), Revia (naltrexone hydrochloride), Methadone, Campral (acamprosate) and Antabuse (disulfiram).

Vivitrol: Used as part of a treatment program for alcohol and opiate dependence. Vivitrol (naltrexone) is an opiate antagonist that blocks the effects of opioid medication and the effects of alcohol, including pain relief or feelings of well-being. An opioid is sometimes called a narcotic.

Suboxone (buprenorphine): Buprenorphine is the opioid part of the medication Suboxone. It is a partial agonist. Suboxone is used to treat narcotic (opiate addiction**).** .

Revia (naltrexone hydrochloride): Used as part of a treatment program for alcohol and/or opiate dependence.

Methadone: Methadone is an opioid medication. Methadone reduces withdrawal symptoms in people addicted to heroin or other narcotic drugs without causing the "high" associated with the drug addiction. Methadone is used as a pain reliever and as part of drug addiction detoxification and maintenance programs. It is available only from a certified pharmacy. WMCMH will not internally prescribe Methadone, this service is by contract only.

Campral (acamprosate): Used as part of a treatment program for alcohol dependence.

Antabuse (disulfiram): Used as part of a treatment program for alcohol dependence.

COWS: Clinical Opiate Withdrawal Scale quantifies the severity of opiate withdrawal.

CIWA-A: Clinical Institute Withdrawal Assessment for Alcohol is a scale used to measure alcohol withdrawal symptoms. The scale lists ten common symptoms of alcohol withdrawal.

Definitive/Confirmatory testing: Testing performed in a laboratory using a method with high sensitivity and specificity that identifies specific drugs, their metabolites, and/or drug quantities.

Clinical Laboratory Improvement Amendments (CLIA): CLIA waived tests are generally simple tests that are non-technical. They employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible.
Opiate Withdrawal: Opioid addiction is a chronic, relapsing brain disease that affects people psychologically and physically.

Alcohol Withdrawal: Alcohol disorder is a previous psychiatric diagnosis in which an individual is physically or psychologically dependent upon drinking alcohol. In 2013 it was reclassified a**s** alcohol use disorder (alcoholism) along with alcohol abuse in DSM-5.

Annual Health Screening: A basic physical assessment that measures specific health indicators and need for a physical exam or further evaluation by appropriate health care professionals. Health monitoring is the continued measuring of specific health indicators associated with increased risk of medical illness and early death.

Consumer Education: Information provided by the MAT provider to the individual who will receive Vivitrol or buprenorphine preparations treatment regarding the pros and cons of Vivitrol or buprenorphine preparations use.

MAPS: Michigan Automated Prescription System (MAPS) Michigan has a tool that helps prescribers identify patients that may be improperly seeking medication. This is Michigan's prescription drug monitoring.

NARX: NARX scores are computed for three different drug types; specifically, narcotics, sedatives, and stimulants. A NARX score is used by the physician as a possible predictor of unintentional overdose when patients are prescribed multiple medications in the classifications above.

DEA: Drug Enforcement Administration, which regulates medications used in Medication Assisted Treatment.

V. POLICY: It is the policy of West Michigan Community Mental Health (WMCMH) to offer Medication Assisted Treatment (MAT), prescribed for the purpose of treating alcohol and/or opiate dependence within the standards of established medical, state, federal, and CMH policy, procedure, and law. Treatment and prescribing will be done in accordance with the Michigan Department of Licensing Regulatory Affairs.

VI. PROCEDURES:

A. Indications:

1. A diagnosis of alcohol withdrawal and/or opioid withdrawal disorder.
2. Intent and ability to abstain (in the clinician's judgment) from alcohol and all opioids immediately prior to receiving the VIVITROL dose and opioid-free

(including tramadol) at least seven to ten (7 – 10) days before starting Vivitrol and patient is 14 days drug free from Suboxone.

3. Campral and Antabuse require that the patient is not actively drinking at the time of prescription.
4. A baseline evaluation that includes a physical exam, lab testing for hepatic disease or diminished renal function.
5. Negative pregnancy screen for females.
6. A urine or saliva drug screen negative for all opioids (including tramadol) for Vivitrol treatment.
7. For Vivitrol treatment, a negative Naloxone/Narcan IM challenge (for patients with opioid addiction) immediately prior to the first injection. Suboxone patients, if the Naloxone challenge is negative, an additional oral Naltrexone Challenge will be given; with no opioid withdrawal symptoms present after one (1) hour.
8. No signs or symptoms of opioid withdrawal for Vivitrol treatment.
9. Buprenorphine preparations only: A urine or saliva drug screen to verify what substances in the system. Initiation of treatment should be withheld until they start experiencing withdrawal symptoms as verified by the MAT prescriber.

B. **Medical Procedures**: Prior to the start of any MAT treatment at WMCMH, the consumer will have completed a health screening either through WMCMH or a WMCMH collaborative provider. The results of the annual health screening are shared with the WMCMH MAT provider.

1. The MAT provider will obtain a thorough substance use-focused history.
2. Prior to the first injection of Vivitrol, the MAT provider will conduct the following procedures:
    a. Determine, based upon the individual's self-report and any other available information, that the individual is interested in remaining abstinent and ready to begin trying to do so.
    b. The MAT provider will explain the individual the benefits and risks/ possible side effects.
    c. Provide the individual with written support information based on the Patient Counseling and Information provided to the individual as part of the Vivitrol Injection Kit.
    d. Evaluate the individual based on the criteria and prescribe Vivitrol.
3. The HHI Agreement and a Medication Consent must be signed by the individual or their guardian. This consent shall be updated annually.
4. A MAPS/NARX report required by the State of Michigan will be obtained by a Health Home Integration (HHI) member.
5. A MICR report will be obtained by a HHI member.
6. A release of information to share records with the primary care physician and/or other specialist is obtained from the individual or their guardian.
7. The COWS assessment is completed by the MAT provider. If the COWS is >4, an adjunctive medication may be indicated to assist with withdrawal symptoms and the individual will be re-evaluated the next business day. This will be in consultation with psychiatry.

8. The CIWA Assessment is completed by the MAT provider and treatment is determined by the score on the CIWA:
    a. <8 = outpatient treatment
    b. >8 and <12 = will be referred for consultation for psychiatric services for potential supplemental treatment.
    c. >12 up to 15 = recommendation to detoxification unit for inpatient treatment.
9. Standing lab orders include CBC, CMP, hepatitis panel, hepatic panel, and HIV.
10. Perform the urine drug screen (UDS) or saliva drug screen for opiates/THC/Benzos/amphetamines panel, on site drug screen with potential offsite confirmation) for natural and synthetic opiates, including buprenorphine, to detect all possible substances the individual may have used.
11. Perform pregnancy test for females.
12. If any clinical concern is raised by history or physical exam of either hepatic or renal status. Vivitrol or Suboxone may be contraindicated.
13. If any significant doubt remains about the assessment of the individual's opioid status or the veracity of the self-report, the Naloxone Challenge should be administered for individuals with opioid addiction due to lessening of severe withdrawal for Vivitrol only.
    a. Administer naloxone 0.4 mg (1cc) IM to deltoid and observe for 20 minutes. If no change in COWS, administer additional 0.8 mg (2cc) to the other deltoid and monitor for an additional 20 minutes.
    b. If the COWS increases by 2 or more from the pre-injections score, the Vivitrol will not be administered. The Individual will be reassessed in 24 hours and the challenge will be repeated.
    c. If negative challenge test, the MAT provider may proceed with the Vivitrol injection.
14. If the individual is transitioning from Suboxone or Methadone, an additional Naltrexone Challenge of 25 mg is to be administered orally. The individual will be observed for one (1) hour. This is to capture buprenorphine.

C. **Individual Counseling and Information:** It is critical that the MAT provider educate verbally and in writing that the use of opiates and/or alcohol is contraindicated while in Vivitrol or Suboxone treatment.
1. They may be more sensitive to lower doses of opiates and alcohol.
2. May not experience effects from opioid containing analgesic, antidiarrheal or antitussive medications.
3. May have reaction site sensitivity.
4. Must not take Vivitrol if they still have any symptoms of opioid withdrawal.
5. Vivitrol may cause liver injury.
6. They may experience depression while taking Vivitrol.
7. Advise patients to carry documentation such as the wallet card or Vivitrol tag, which is given to each individual as part of the kit when initiating Vivitrol treatment.
8. They may develop an allergic pneumonia; seek medical help immediately.
9. Should not take Vivitrol or Suboxone if allergic.
10. They may experience nausea following the initial injection.
11. Vivitrol is an injection.

12. Vivitrol is effective only as a part of a treatment program that includes counseling and support.
13. Dizziness may occur with Vivitrol treatment.
14. Notify their physician and MAT provider if they become pregnant.
15. Call provider of member to treatment team if the individual relapses.
16. Notify their MAT provider if on Suboxone and have upcoming surgical procedure.

D. Follow Up Procedure:

1. The individual to be given a Vivitrol Wallet Card or other medication identifying alert.
2. The individual is to be given contact information to Crisis Stabilization Services for 24-hour access to contact prescriber in case of questions or concerns. If they are unable to reach CSS, they are to call or go to the local ED.
3. A designated Health Home team member will call patient within 24 hours after Vivitrol injection to assess for any concerns. If unable to reach the patient, the responsible case holder is to be notified for assistance in contacting the patient. It is the patient's responsibility to maintain a working contact phone number.
4. Upon initial Vivitrol injection, a follow up appointment will be scheduled with designated Health Home team member in the clinic within one (1) week.
5. A five (5) day supply of 50 mg oral naltrexone, in the form of a prescription, will be sent to the patient's designated pharmacy if the patient is unable to get to clinic for repeat Vivitrol injection in 30 days to prevent relapse. This will be sent in if the patient cannot get to their follow up injection appointment within the next 30 days.
6. A reminder call for the Vivitrol injection appointment will be made through the automated system. It is the individual's responsibly to remember their scheduled appointment. If the patient misses or no shows to their appointment, the responsible case holder is to be notified. The Health Home team will make every effort to reschedule a missed appointment as soon as possible within the appropriate treatment window.
7. At the second Vivitrol injection appointment a repeat CMP panel will be drawn to assess liver and renal function and then will be repeated every three (3) months thereafter.
8. A NARX/MAPS report, a urine drug screen and a pregnancy test will be completed before every injection. If positive results on any of the three assessments, the Vivitrol injection will not be given. The responsible case holder will be notified.
9. Referral to appropriate specialist such as OB/GYN in case of pregnancy, will be provided.

E. Staff Responsibilities:

1. The appropriate designee of the program will store VIVITROL as per manufacturer guidelines and maintain an accurate inventory.
2. All Health Home members will receive approved training prior to using the medication.
3. Prescribed VIVITROL frequency will be documented in the Individual Plan of Service with appropriate amount, scope and duration language, as well as authorizations for the service provided. Doses received will be documented in the

medication administration record by the healthcare provider who administered the injection.

4. The treatment plan will include education for the individual, their families, and other supports that the patient may be more sensitive to lower doses of opioids and at risk of accidental overdose should they use opioids when their next dose is due.

VII. SUPPORTING DOCUMENTS: N/A

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
NC	Unknown		06/2019
NC	Unknown		12/2019
2	COC	Procedure	05/2021
3	COC	Procedure	07/2022
4	COC	Procedure	12/2022
***Board Approval Date**: 03/19/2019*			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-10-9 Revision# 4.

CEO: Lisa A. Williams Approval Signature:_____