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ARCA Medication Protocols and Guidelines, Supplemental COVID -19 Edition (3/31/2020)

Our team at ARCA has done an extraordinary job of adapting clinical guidelines and best practices with the burgeoning opioid epidemic in Missouri. This has required dedication to patient care, modifying delivery venues, and creatively thinking about success in treatment.

Now with the COVID-19 pandemic, we need to look at further adjustments to treatment plans to adjust to social distancing, partnering agencies closing, and patients' fear of leaving their homes for medical appointments.

National experts are recommending that we minimize and/or eliminate UDSs during COVID-19. Similar messages are shared about phlebotomy for lab draws—unless such assessment is absolutely necessary. On Thursday, 3/26/2020, Adam Bisaga, MD, presented a clinical roundtable addressing these concerns through PCSS. Slides are attached to this email. <https://pcssnow.org/event/how-covid-19-epidemic-will-affect-the-provision-of-moud/>

According to Dr. Bisaga, the big question we have now with SUD medications is starting patients on BUP (buprenorphine) or Ntx (naltrexone) without initial labs or an initial UDS. There are risks and benefits to doing this with either medication:

1. **Risks:** Precipitated withdrawal
2. **Benefit:** Patient is protected with BUP, since the affinity of BUP for the mu opioid receptor is higher than those of most opioids. Patient is protected with Ntx, since Ntx is an antagonist

Benefits outweigh risks for our patients presenting for treatment. BUP and Ntx are metabolically safe and effective medications. With both of these medications, warnings about liver functions have greatly relaxed over time, so, unless a patient is in full hepatic failure, benefit outweighs risk. See SAMHSA TIP 63 for additional information.

So the question becomes who we practice ourselves and our own license if we consider benefit outweighs risk in prescribing BUP or Ntx without initial labs, when initial labs are not possible?

1. While we can still do UDS's and labs at ARCA, many partnering agencies are not seeing patients on site.
2. The day may come when we cannot do UDSs and labs at ARCA—due to shortages in PPE (Personal Protective Equipment), health department limitations, staff illness, etc.

So my recommendations as ARCA's medical director,

1. Relax rules on UDS's and labs as outlined in the ARCA Medication Guidelines COVID-19 edition
2. When absolutely necessary, start patients on BUP and ntx without initial labs. In these situations, the prescribing provider should still
 - a. Write for the initial labs (we are compiling a list of Quest lab collection sites throughout the state) and explain the importance of lab data to the patient. Encourage the patient to get the labs at the first opportunity.
 - b. Explain the risk of precipitated withdrawal to the patient
 - c. Document that benefits outweigh risk for this patient, i.e., medical decision-making

- d. Document, is so desired, that your medical director supports these practices during the COVID-19 pandemic

This modified and abbreviated set of guidelines reflects these adjustment necessary during the pandemic. If people cannot stay on medications during times of economic distress, elevated unemployment, and social isolation, no one wins.

While we must remember that these times are temporary, we must acknowledge that they are frightening.

I speak for all of us at ARCA when we wish all of our clients and partnering agencies the best possible health and well-being in days to come.

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Limited access to patients

In this document, I'll describe three levels of interaction with patients: standard operating procedure (SOP), limited patient contact (LC), and Virtual.

1. SOP: This was the period prior to COVID-19. Previous guidelines pertained to this level of interaction. This is our preferred method of operation and we will return to SOP as soon as we are able.
2. LC: This began 3/09/20 through the present. The only contact among staff and patients are with phlebotomy, injection, trouble-shooting use of interactive equipment, and in case of urgency/emergency. Staff and clients use PPE (Personal Protective Equipment) according to CDC standards.
3. Virtual: Staff and patient have no contact except for injections, if possible.

We acknowledge that we are in a temporary situation. As soon as we can, as indicated by our political leaders, we will return to SOP and associated practices. Likewise, if we need to go to Virtual status, we will return to LC as soon as possible. In all situations, if interventions are not performed at the more restrictive status, we will reintroduce them when we move back to the less restrictive status. The ARCA leadership team will inform the staff of all changes in status so that we are unified in our practice.

Lab testing

1. For the most part, in addiction medicine and psychiatry, medications are crucial to treatment success and patient well-being. And lab tests are a normal part of monitoring dose and safety. However, limitations in access to patient will limit our ability to test. In most situations, we will want to maintain our patient on medications during these limited access times.
2. In this document, ideal lab practice will be provided in three tiers--SOP, LC, and Virtual. To easily differentiate these tiers, SOP will be in regular font, *LC in italics*, and Virtual underlined.
3. In all situations, providers should document the ARCA COVID-19 Guidelines if they are using these guidelines as part of their clinical decision-making.
4. Patients should always be given the option of discontinuing medications if the patient is uncomfortable with the decreased frequency of lab testing during LC and Virtual status.
5. Psychiatric medications other than BUP, NTX
 - a. Always check the chart for labs from the last year.
 - b. Check with patients see if they've have the desired labs drawn from another provider with the last year. If so, proceed with an ROI for this information to use as baseline.
 - c. *But*, If no information is available from 5a and 5b, for all new medication starts of meds that typically require baseline labs
 - i. SOP
 1. Order typical initial labs
 2. Order follow up labs as typical
 - ii. *LC*
 1. *Order typical initial labs*
 2. *Order follow up labs in 3-6 months if patient feels and looks well*
 - iii. Virtual: Ask provider, who can consult medical director and/or PharmD for guidance

Obtaining vital signs

1. SOP
 - a. Per routine protocol
2. LC
 - a. *Take temperature of patient—when supplies exist, provider or staff documents in chart*
 - b. *Have patient BP and pulse with designated devices, provider or staff documents in chart*
 - c. *Monitor patient’s respiration via monitor, provider or staff documents in chart*
3. Virtual
 - a. Ask patient to take temperature if he/she has a thermometer (share this request at the time of making an appointment), provider or staff documents in chart if obtained
 - b. Direct the patient to take his/her pulse), provider or staff documents in chart if obtained
 - c. Monitor patient’s respiration via monitor), provider or staff documents in chart if obtained

Comfort Medications (Customize to substance(s) being addressed *and the age and health status of client*)

1. Trazodone 100mg - Take one tablet daily 30 mins before bedtime as needed for sleep. Allow 7-8 hours of sleep #10 (no routine refill) OK to continue through all levels of interaction
2. Prochlorperazine (Compazine) 10mg- Take one tablet three times daily as needed for Nausea #30 (no routine refill) OK to continue through all levels of interaction
3. Clonidine 0.1mg- Take one tablet every 12 hours daily as needed for anxiety, agitation, rapid heart rate, headache #20 Hold for BP less than 100/60 (no routine refill) OK to continue through all levels of interaction with proper provider guidance regarding low HR and BP. Baseline should be documented, and caution should be used if no baseline HR or BP available.
4. Baclofen 10 mg orally three times daily as needed for cramping (#30) (no routine refill) OK to continue through all levels of interaction
5. Hydration, hydration, hydration

Alcohol Detoxification Protocol

1. Naltrexone 50mg - Take 1/2 tablet the first day and then one tablet by mouth daily AFTER eating #30
2. Librium/ Chlordiazepoxide 25mg, DO NOT drive on this medication. DO NOT drink on this medication:
 - a. Take 1 capsule every 6hrs for the first 2 days
 - b. Take 1 capsule every 8 hours for the next 2 days
 - c. Take 1 capsule every 12 hours for the next 2 days
 - d. Take 1 capsule every 24 Hours for the final 2 days (no routine refill)
3. Folic Acid (Vitamin B9) - 1mg Take 1 tablet daily for 14 days (no routine refill)
4. Thiamine (vitamin B1) - 100mg - Take 1 tablet daily for 14 days (no routine refill)
5. Seizure prophylaxis: Choose one if client has had history of complicated alcohol withdrawal
 - a. Tegretol/carbamazepine 200 orally two times daily for 7 days
 - b. Gabapentin 300 orally three times daily for 7 days

Do not take more than the prescribe medication unless authorized. If you have any questions or concerns, contact ARCA Medical Staff.

Labs and other monitoring

1. Initial labs
 - a. SOP
 - i. CMP, CBC
 - ii. Qualitative HCG (if female and at each visit if on medications);
 - iii. UDS (and at each visit)
 - b. LC
 - i. CMP, CBC
 - ii. Qualitative HCG (if female and at each visit if on medications);
 - iii. UDS (per staff and/or prescribing provider discretion)
 - c. Virtual
 - i. CMP, CBC (not unless patient is feeling or appears unwell) Check with patient to see if he/she has labs from another provider within the year
 - ii. Qualitative HCG is not needed unless patient is concerned. Always ask about possibility of pregnancy. Encourage patient to get a home test if she has concerns.
 - iii. UDS is not needed unless provider is concerned. Consider asking patient (and/or patient caregiver) to get a home UDS kit and report results if provider is concerned
2. Follow up labs:
 - a. SOP
 - i. Routine labs and frequency if labs are within normal limits
 1. CMP, CBC, qualitative HCG, UDS every three months if client is on naltrexone, for year 1
 2. CMP, CBC, qualitative HCG, UDS every six months if client is on naltrexone, for year 2 and following
 - ii. Routine labs and frequency if labs are not within normal limits.

1. CMP and CBC every month if client is asymptomatic and until each panel is within normal limits, or
- iii. Check with provider for frequency of labs
- b. *LC:*
 - i. *Routine labs and frequency if labs are within normal limits: CMP, CBC, qualitative HCG, UDS every six months if client is on naltrexone*
 - ii. *Routine labs and frequency if labs are not within 3x of normal limits*
 1. *CMP and CBC every 3 months if client is asymptomatic, patient is feeling and appearing well, and until each panel is within normal limits, or*
 2. *Check with provider for frequency of labs*
 - iii. *Routine labs and frequency if labs are not above 3x normal limits*
 1. *Check with provider for frequency of labs*
- c. Virtual:
 - i. Routine labs and frequency if labs are within normal limits: CMP, CBC, qualitative HCG, UDS at first six months—if possible--if client is on naltrexone; then as indicated by provider
 - ii. Routine labs and frequency if labs are not within 3x of normal limits
 1. CMP and CBC every 6 months if client is asymptomatic, patient is feeling and appearing well, and until each panel is within normal limits, or
 2. Check with provider for frequency of labs
 - iii. Routine labs and frequency if labs are not above 3x normal limits
 1. Check with provider for frequency of labs

Safety of naltrexone and Vivitrol

- NIAAA, <https://pubs.niaaa.nih.gov/publications/combine/faqs.htm>
- Mayo Clinic patient Education, <https://www.mayoclinic.org/drugs-supplements/naltrexone-oral-route/precautions/drg-20068408?p=1>
- SAMHSA, <https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>
- SAMHSA, https://www.integration.samhsa.gov/Intro_To_Injectable_Naltrexone.pdf

Opioid Detox Protocol (and Home BUP/Ntx Induction)**BUP/Ntx: 8mg/2mg tablets (Preferred form of medication)**

1. Routine Dose
 - a. Take the prescribed tablet under the tongue daily x 8 days
 - b. When starting medication, you must wait until you are in active withdrawal. On a scale of 1-10, you want your withdrawal symptoms to be at a 7-8. If you are using the COWS or SOWS scale, you should be in moderate withdrawal. Start by taking one tablet of your prescribed dose. IF you take the first tablet and are feeling worse, DO NOT take any more, and contact the ARCA staff. DO NOT take more than the prescribed medication unless authorized.
2. Custom Dose
 - a. Check with provider for schedule, rationale, and documentation needs

BUP/Ntx: 8mg/2mg films

3. Routine Dose
 - a. Take 1, 1.5, or 2 films under the tongue daily x 8 days
 - b. When starting medication, you must wait until you are in active withdrawal. On a scale of 1-10, you want your withdrawal symptoms to be at a 7-8. Start by taking 1/4 of a film under your tongue. Wait 15mins, and then take another 1/4 of a film. Continue this until you have taken a full film. IF you take the first 1/4 of a film and are feeling worse, DO NOT take any more, and contact the ARCA staff. DO NOT take more than the prescribed medication unless authorized.
4. Custom Dose
 - a. Check with provider for schedule, rationale, and documentation needs

Zubsolv Dosing

1. 1.4 mg buprenorphine with 0.36 mg naloxone is equivalent to 2mg BUP/Ntx (1/4 strip)
2. 5.7 mg buprenorphine with 1.4 mg naloxone is equivalent to 8mg/2mg BUP/Ntx (1 strip)

Labs and other monitoring

1. Initial labs
 - a. SOP
 - i. CMP, CBC
 - ii. Qualitative HCG (if female and at each visit if on medications);
 - iii. UDS (and at each visit)
 - iv. Strongly encourage each patient to get an HIV and PPD
 - b. LC
 - i. CMP, CBC
 - ii. Qualitative HCG (if female and at each visit if on medications);
 - iii. UDS (per staff and/or prescribing provider discretion)

- c. Virtual
 - i. CMP, CBC (not unless patient is feeling or appears unwell) Check with patient to see if he/she has labs from another provider within the year
 - ii. Qualitative HCG is not needed unless patient is concerned. Always ask about possibility of pregnancy. Encourage patient to get a home test if she has concerns.
 - iii. UDS is not needed unless provider is concerned. Consider asking patient (and/or patient caregiver) to get a home UDS kit and report results if provider is concerned
2. Follow up labs:
- a. SOP
 - i. Routine labs and frequency if labs are within normal limits
 - 1. CMP, CBC, qualitative HCG, UDS every three months for year 1
 - 2. CMP, CBC, qualitative HCG, UDS every six months if client is on naltrexone, for year 2 and following
 - ii. Routine labs and frequency if labs are not within normal limits.
 - 1. CMP and CBC every month if client is asymptomatic and until each panel is within normal limits, or
 - iii. Check with provider for frequency of labs
 - b. LC:
 - i. *Routine labs and frequency if labs are within normal limits: CMP, CBC, qualitative HCG, UDS every six months*
 - ii. *Routine labs and frequency if labs are not within 3x of normal limits*
 - 1. *CMP and CBC every 3 months if client is asymptomatic, patient is feeling and appearing well, and until each panel is within normal limits, or*
 - 2. *Check with provider for frequency of labs*
 - iii. *Routine labs and frequency if labs are not above 3x normal limits*
 - 1. *Check with provider for frequency of labs*
 - c. Virtual:
 - i. Routine labs and frequency if labs are within normal limits: CMP, CBC, qualitative HCG, UDS at first six months—if possible; then as indicated by provider
 - ii. Routine labs and frequency if labs are not within 3x of normal limits
 - 1. CMP and CBC every 6 months if client is asymptomatic, patient is feeling and appearing well, and until each panel is within normal limits, or
 - 2. Check with provider for frequency of labs
 - iii. Routine labs and frequency if labs are not above 3x normal limits
 - 1. Check with provider for frequency of labs

Safety of BUP and BUP/Ntx

SAMHSA, <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

NIDA, <https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/initiating-buprenorphine-treatment-in-emergency-department>

Dosing Schedule (ARCA Routine BUP/Ntx Dosing Schedule)¹

(Assuming client is doing well, has no new complaints, does not need to see the provider, is taking BUP/Ntx, and has negative UDS). Based on positive drug screens for controlled substances, the client may be taken back to any previous month in the protocol, or the client may be restarted at Week #1

Month	Week	Visit	Prescription	Refill?
1	1	Prescribing Provider	2 weeks	Three refills available, but must be authorized by RN or trained staff ²
	2	Phone Call: RN or trained staff		
	3	Phone Call: RN or trained staff	RN or trained staff authorizes refill ³	
	4	Phone Call: RN or trained staff		
2	1	Prescribing Provider	30 days ⁴	
	3	Phone Call: RN or trained staff	RN or trained staff authorizes refill	No
3	1	Prescribing Provider	30 days (if 16 mg or less) ⁵	One refill available, but must be authorized by RN or trained staff

*Defined here as a 4-week block

Notes:

1. If a prescribing provider deviates from this process, he/she must document medical decision-making in the encounter.
2. The prescribing provider indicates if follow-up checks and prescription authorization visits are in-person or via telephone.
3. RN or trained staff completes *Staff Check-in Sheet for Patients on BUP/Ntx form (TBD)*
4. If a client is on more than 16 mg of BUP/Ntx, refills can only be called in for 2 weeks supply. Scripts may be written for a 2-week supply with one refill, but the nurse must call the pharmacy to authorize the refill.
5. Provider decides with RN or trained staff at agency site if the client has demonstrated behaviors and treatment adherence that allow a complete 30-day prescription fill.

Additional Dosing Instructions

BUP/Ntx tapering

1. Tapering and discontinuing BUP/Ntx for a client who wants BUP/Ntx maintenance and is responding well to BUP/Ntx therapy is not a recommended treatment priority.
2. When a client responds well to a therapeutic dose of BUP/Ntx, the therapeutic goal is
 - a. Patient's ongoing engagement in treatment
 - b. Patient utilization of resources to stabilize his/her life—including appropriate therapy, utilizing of agency and partner resources
 - c. Time on BUP/Ntx therapy to allow the client's neurological system to heal/repair
3. If anyone on the treatment team becomes aware that a client wants to discontinue BUP/Ntx, inform the prescribing provider and the RN or staff member coordinating the client's care.
 - a. Explicitly share risks associated with BUP/Ntx discontinuation, including 50-90% relapse, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4382404/>
 - b. Ask the client for reasons why the client wants to discontinue treatment
 - i. Is it the client's choice, or is the client receiving pressure from an external source, e.g., family member, loved one, criminal justice system?
 - ii. What isn't working with the current treatment plan?
 - iii. **Assess for under-dosing**
4. If the client still wants to discontinue BUP/Ntx,
 - a. Encourage a slow taper and use of Vivitrol or another agent
 - b. Use comfort meds to minimize discomfort
 - c. Encourage continued participation in other elements of the treatment plan and other agency programs

Naltrexone (Vivitrol) Induction Protocol

1. On the initial visit, client is started on oral naltrexone 50mg #30
 - a. 1/2tab with food if UDS negative for opiates, BUP/Ntx, and methadone, and the urine qualitative HCG is negative.
 - b. If tolerated take other 1/2 tab in 30 mins, then take 1 tab daily with food.
 - c. CBC, CMP and qualitative HCG (if female) is drawn
 - d. Patient is scheduled to come back to the office in 2-3 days.
2. If client's labs are WNL and qualitative HCG is negative, client may receive a Vivitrol injection. (If client's labs are not WNL/negative, check with the medical provider or medical director for additional orders).
3. Initial Vivitrol injection
 - a. All clients receiving Vivitrol must sign a consent with two contacts. The first could be a family member and the second an emergency contact.
 - b. Once this is completed, the client may receive an injection.
 - i. Vivitrol 380mg #1 Administer deep IM every 4 Weeks. Start if Labs are within normal limits.
 - ii. Once Vivitrol is started, client may take Naltrexone 50mg daily as needed for cravings.
 - c. Schedule a return visit for 24-28 days. Schedule this as a provider visit or nurse visit, based on the provider's orders.
4. Delayed or missed visits
 - a. If the client does not show up the scheduled day, call the client and remind him/her of the appointment. If you cannot contact the client, and the client has not shown up within a 32-day window, call the family member and if no response within 24 hours, call the emergency contact.
 - b. Window for Vivitrol injections: Vivitrol can be safely administered up to 33 days past the last shot.
 - c. Although the product information states the therapeutic effects last 28 days, the medication lasts longer, especially after the second injection. If there is any concern on the part of the client or clinical staff, a naltrexone tablet can be administered. Give half tablet (25 mg), wait 15 minutes and if the client shows no signs of withdrawal, administer the injection. This procedure can often be utilized up to 35 days even in cases of the client testing positive for opioids.
 - d. If the client comes to the clinics after 35 days or longer, assume the client has relapsed and needs detox. Contact the client's provider or the medical director for orders. The best approach is a short detox using buprenorphine. If the client does not want buprenorphine, other detox protocols can be utilized.
 - e. Under no circumstances should a client on Vivitrol be sent away without the Vivitrol, direct observed ingestion of oral naltrexone, or opioid detox meds--with or without buprenorphine. Contact the client's provider or medical director for orders.

Labs and other monitoring

1. Initial labs
 - a. SOP
 - i. CMP, CBC
 - ii. Qualitative HCG (if female and at each visit if on medications);
 - iii. UDS
 - iv. Strongly encourage each patient to get an HIV and PPD
 - b. LC
 - i. CMP, CBC
 - ii. Qualitative HCG (if female and at each visit if on Vivitrol);
 - iii. UDS (per staff and/or prescribing provider discretion)
 - c. Virtual
 - i. CMP, CBC (not unless patient is feeling or appears unwell) Check with patient to see if he/she has labs from another provider within the year
 - ii. Qualitative HCG is not needed unless patient is concerned. Always ask about possibility of pregnancy. Encourage patient to get a home test if she has concerns.
 - iii. UDS is not needed unless provider is concerned. Consider asking patient (and/or patient caregiver) to get a home UDS kit and report results if provider is concerned
2. Follow up labs:
 - a. SOP
 - i. Routine labs and frequency if labs are within normal limits
 1. CMP, CBC, qualitative HCG, UDS every three months for year 1
 2. CMP, CBC, qualitative HCG, UDS every six months if client is on naltrexone, for year 2 and following
 - ii. Routine labs and frequency if labs are not within normal limits.
 1. CMP and CBC every month if client is asymptomatic and until each panel is within normal limits, or
 2. Check with provider for frequency of labs
 - b. LC:
 - i. *Routine labs and frequency if labs are within normal limits: CMP, CBC, qualitative HCG, UDS every six months*
 - ii. *Routine labs and frequency if labs are not within 3x of normal limits*
 3. *CMP and CBC every 3 months if client is asymptomatic, patient is feeling and appearing well, and until each panel is within normal limits, or*
 4. *Check with provider for frequency of labs*
 - iii. *Routine labs and frequency if labs are not above 3x normal limits*
 5. *Check with provider for frequency of labs*
 - c. Virtual:
 - i. Routine labs and frequency if labs are within normal limits: CMP, CBC, qualitative HCG, UDS at first six months—if possible; then as indicated by provider
 - ii. Routine labs and frequency if labs are not within 3x of normal limits
 6. CMP and CBC every 6 months if client is asymptomatic, patient is feeling and appearing well, and until each panel is within normal limits, or

7. Check with provider for frequency of labs
 - iii. Routine labs and frequency if labs are not above 3x normal limits
 8. Check with provider for frequency of labs

BUP/Ntx to Vivitrol Protocol

1. At the initial visit, the provider will order lab tests (CMP, CBC with Diff, and qualitative HCG Qualitative, if applicable).
2. Follow the BUP/Ntx taper protocol above.
3. Comfort medications:
 - a. Trazodone 100mg - Take one tablet daily 30 mins before bedtime AS NEEDED for sleep. Allow 7-8hours of sleep #14 (no routine refill)
 - b. Compazine 10mg- Take one tablet three times daily AS NEEDED for Nausea #30 (no routine refill)
 - c. Clonidine 0.1mg- Take one tablet EVERY 12 hours daily AS NEEDED for anxiety, agitation, rapid heart rate, headache #20 Hold for BP less than 100/60 (no routine refill)
 - d. Baclofen 10 mg orally three times daily as needed for cramping (#30) (no routine refill)
4. While on a slow BUP/Ntx taper, the client must see the provider every month.
5. If the client tests positive for opiates 2 consecutive times after the initial appointment with the provider, the client will be scheduled with the provider the following week. The provider will determine whether BUP/Ntx will be continued until seeing provider.
6. For the client to receive naltrexone, their system needs to be free of BUP/Ntx and opiates, preferably for 3-8 days.
 - a. If client returns to start naltrexone/Vivitrol but is positive for BUP/Ntx, schedule an RN appointment for approximately 3 days later, and continue to do this until negative for BUP/Ntx (and opioids).
 - b. If client returns to start naltrexone/Vivitrol, but is positive for opiates, reschedule with the provider for their next available appointment time.
7. When the client returns after their "BUP/Ntx wash-out period" for their transition to naltrexone/Vivitrol, and the client is negative from BUP/Ntx and opiates, RN will administer naltrexone 25 mg orally with food. After receiving dose, client will be observed for 30 minutes. If no negative reaction is noted or reported, dose will be repeated, and client will be observed for an additional 30 minutes, unless otherwise indicated.
8. If there is no negative reaction, the client will receive either a 1-month prescription for naltrexone or the Vivitrol injection (per MDO).
9. Patient will return approximately every 28 days for an additional prescription or injection.
10. During this time the client will be seen by the provider every 3 months, unless otherwise indicated.
11. Follow up labs as outlined above

General medication guidance, *with benefit outweighing risk*, only to be used during period of limited patient contact or virtual-only visits due to COVID-19 pandemic

- If the medication is not listed, assume that it is NOT OK to start or continue without labs. Instead, contact medical director or PharmD.
- All recommendations assume that patient history has been taken and no significant medical history is revealed.
- **New start** is any medication never before taken by patient. If there is a history of medication (taken more than 12 months ago, consult with medical director or PharmD).

New medication starts:

OK to start without close monitoring	NOT OK to start without close monitoring	Other exceptions, as noted below
Buprenorphine	Tricyclic antidepressants	Naltrexone (oral and XR) – UDS strongly recommended for new start
Comfort medications in ARCA treatment guidelines (trazodone, prochlorperazine, clonidine, baclofen)	Antipsychotics	Seizure prophylaxis – only if no way to obtain lab, history of withdrawal seizures
Chlordiazepoxide (for alcohol detoxification only)	Antiseizure medications	SSRI and SNRI for depression and anxiety, weigh risk of electrolyte abnormality
Folic acid, thiamine	Lithium	
Bupirone	ACE-I/ARB	Benzodiazepines – strongly consider risk vs. benefit
Nicotine replacement		
Prazosin, doxazosin for psych indications		
Hydroxyzine		
Beta-blockers		

Refills:

- Assumes baseline labs available in electronic health record or via Request of Information and all values are within normal limits
- Assumes refills for less than 12 months total. If more than 12 months, contact medical director or PharmD

OK to refill without close monitoring	NOT OK to fill without close monitoring	Other exceptions, as noted below
<p>Buprenorphine</p> <p>Naltrexone (oral and XR)</p> <p>All antidepressants – except for sleep and other non-psych indications</p> <p>All antipsychotics – when used for non-sleep indications</p> <p>Comfort medications in ARCA treatment guidelines (trazodone, prochlorperazine, clonidine, baclofen)</p> <p>Stimulant medications</p> <p>Non-stimulant ADHD medications</p> <p>Gabapentin (other seizure medications see exceptions)</p> <p>Buspirone</p> <p>Nicotine replacement</p> <p>Prazosin, doxazosin for psych indications</p> <p>Hydroxyzine</p> <p>Beta-blockers</p>	<p>Clozapine – Due to REMS</p> <p>ACE-I/ARB</p>	<p>All antidepressants – being used for sleep or other non-psych indications, caution refilling after 6 months</p> <p>Anti-seizure medications – OK to refill after asking toxicity screening questions</p> <p>Benzodiazepines – strongly consider risk vs. benefit</p> <p>Antipsychotics for sleep only - strongly consider risk vs. benefit</p> <p>Lithium – consider risk of stopping with duration of previous treatment and discussion of toxicity warnings</p>