

NALTREXONE INITIATION FOR OPIOID USE DISORDER

WAS LAST OPIOID USE >7-10 DAYS AGO? AND TOXICOLOGY SCREEN NEGATIVE OPIOIDS?

YES

NO

DOES PATIENT HAVE
LFTs >5x THE UPPER LIMIT OF NORMAL?

YES

NO

Evaluate etiology and determine if patient is appropriate for naltrexone.

- To seek free, confidential clinician-to-clinician consultation contact the **Substance Use Warmline**.

Must fully withdraw from opioids before starting naltrexone to avoid precipitated withdrawal.

During Withdrawal Period:

- Ensure access to naloxone/narcan.
- Consider medications for withdrawal management.
- Closely monitor and support.

For severe withdrawal symptoms or high risk for recurrent use, consider inpatient setting to decrease the risk for overdose during medication initiation or consider agonist therapy using buprenorphine or methadone*.

*Methadone can only be administered through an Opioid Treatment Program.

- Initiate process for ordering naltrexone extended-release following **REMS guidance**.
- Consider short trial of oral naltrexone prior to injection to ensure no adverse effects or precipitated withdrawal.
- Injection day: obtain rapid urine screen and/or naltrexone challenge to avoid precipitated withdrawal.
- Provide emergency alert identification.
- Administer IM injection per package insert.
- Weekly check-ins recommended initially; decrease frequency with stabilization.