



*Behavioral Health Services (BHS)*

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Adult and Older Adult Behavioral Health  
Physicians Manual and Practice Guidelines

Quick Guide: Parameters for the Use of  
Medications for Addiction Treatment (MAT)

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2021



## Quick Guide

### I. Parameters for the Use of Medications for Addiction Treatment (MAT)

#### A. Introduction:

1. The proper use of select medications can help treat specific substance use disorders and is referred to as medications for addiction treatment (MAT).
2. Individuals offered MAT should also be offered other appropriate psychosocial treatment interventions, as MAT does not substitute for psychosocial treatment.
3. Prescribers who treat individuals with substance use disorders should be familiar with, and include, the use of selected medications recognized as potentially useful for treatment of substance use disorders. Familiarity should include knowledge of proper use of each medication, including proper elements of assessment and management.
4. These parameters do not address the use of medications to ameliorate symptoms of substance intoxication or withdrawal, nor do they address methadone treatment for opioid use disorder.
5. Use of MAT in individuals below 18 years of age should be associated with documentation in the medical record of the benefits outweighing the risks in these populations.
6. When reviewing options for MAT with a client, discussions of the benefits, possible risks, alternative options, and ultimate treatment decisions should always take place without influence of fiscal considerations.

#### B. Purpose:

To describe those situations in which MAT should be used to treat substance use disorders in OC BHS programs.

### II. Alcohol Use Disorder

- A. When individuals are being treated for Alcohol Use Disorder, and do not have contraindications for MAT, they should be offered treatment trials of oral naltrexone, naltrexone Long-Acting Injectable (LAI), acamprosate, disulfiram, gabapentin, or topiramate. The order of the trials should be based upon clinical presentation. Documentation in the chart should address why clients with Alcohol Use Disorder may or



may not be appropriate for MAT and include the clinical rationale for the choice of a particular MAT.

- B. The medications, except those that are contraindicated or refused, should be offered sequentially until one or more of these medications has been found to be effective or the entire series has been tried. Combinations of these agents may be offered when clinical evidence supports this approach and there is clinical documentation supporting this decision.
- C. Medication-Specific Parameters:
1. Naltrexone  
In the absence of contraindications, naltrexone should be preferentially selected over other MAT for situations involving efforts to reduce ongoing alcohol consumption or significant craving.
  2. Acamprosate  
In the absence of contraindications, acamprosate should be preferentially selected in lieu of other MAT for maintenance of abstinence in individuals with Alcohol Use Disorder who are relatively stable and in early stages of recovery.
  3. Disulfiram  
Disulfiram should be reserved for treatment of Alcohol Use Disorder in instances in which acamprosate and naltrexone are ineffective or contraindicated. Whenever discussing disulfiram as a possible treatment option, providers should be sure that the client understands the risk of unpleasant side effects and alcohol toxicity if the individual consumes alcohol while taking disulfiram.
  4. Gabapentin  
Gabapentin should be reserved for treatment of Alcohol Use Disorder in instances in which acamprosate and naltrexone are ineffective, contraindicated, or there is a co-occurring mental health condition that requires gabapentin for treatment.
  5. Topiramate  
Topiramate should be reserved for treatment of Alcohol Use Disorder only when acamprosate and naltrexone are ineffective or contraindicated, or there is a co-occurring mental health condition that requires topiramate for treatment.



### III. Opioid Use Disorder

- A. When individuals are being treated for Opioid Use Disorder, and do not have contraindications for MAT, they should be offered treatment trials of buprenorphine or buprenorphine/naloxone, oral naltrexone or naltrexone Long-Acting Injectable (LAI). The selection of buprenorphine/naloxone or naltrexone shall be based upon an individual's clinical characteristics and preferences. Documentation in the chart should address why clients with Opioid Use Disorder may or may not be appropriate for MAT and include the clinical rationale for the choice of a particular MAT.
- B. Medication-Specific Parameters:
1. Buprenorphine and buprenorphine/naloxone  
Buprenorphine or buprenorphine/naloxone should be considered for treatment of Opioid Use Disorder by prescribers with the federal DATA 2000 waiver. (See Section V, Reference).
  2. Naltrexone  
Naltrexone should be considered as an alternative to treatment with buprenorphine for Opioid Use Disorder based on the client's preferences and any unique clinical characteristics.

### IV. References

Guidelines for the Use of Buprenorphine/Naloxone and Buprenorphine:  
<http://pcssmat.org/mat-basics/buprenorphine/>

3 February 2021 Adapted from Los Angeles County Department of Mental Health Parameters for Medication Use, Use of Medications for Addiction Treatment in Individuals with co-occurring Substance Use Disorders / Revised October 2017.

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