Behavioral Health Services (BHS)

Physicians Manual and Practice Guidelines

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

2026

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 prescribed MAT should also be offered other appropriate psychosocial treatment interventions, as MAT is often more effective when combined with counseling and other psychosocial treatments.

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 the proper use of each medication, elements of assessment and management of substance use disorders, and consideration of other physical health conditions that may influence the treatment approach of using MAT.

4. These parameters do not address the use of medications to ameliorate symptoms of substance intoxication or withdrawal.

5. Use of MAT in individuals below 18 years of age or with individuals who are pregnant should also include documentation in the medical record of the benefits outweighing potential risks of treatment and the clinical considerations in these specific populations.

6. When reviewing options for MAT with a client, discussions of the benefits, possible risks, alternative interventions, and ultimate treatment decisions should always take place without influence of fiscal considerations.

7. Naloxone is an opioid reversal medication and has an important role in the treatment of individuals with substance use disorders and especially those with Opioid Use Disorder. Naloxone and other forms of harm reduction (such as substance testing strips and infection prevention supplies) should be discussed and offered or suggested to individuals with substance use disorders as appropriate. Education on the risk of overdose and instruction for use of naloxone and harm reduction strategies should always be provided to individuals receiving these supplies. Documentation of these interventions and related education should also be specifically mentioned in the clinical record.

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 options including oral naltrexone, naltrexone long-acting injectable (LAI), acamprosate, or disulfiram. The treatment decisions and order of medication trials should be based upon clinical presentation and FDA indications. 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 medication(s) selected.

B. The medications, except those that are contraindicated or refused, should be offered sequentially until one or more of these medications have been found to be effective or the entire series has been trialed and other treatment approaches are considered. 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 *(FDA approved for treatment of Alcohol Use Disorder)*
In the absence of contraindications, naltrexone should be preferentially selected over other MAT for Alcohol Use Disorder involving efforts to reduce ongoing alcohol consumption and significant cravings for alcohol.

2. Acamprosate *(FDA approved for treatment of Alcohol Use Disorder)*
In the absence of contraindications, acamprosate should be preferentially selected for maintenance of abstinence in individuals with Alcohol Use Disorder who are relatively stable and in early stages of recovery.

3. Disulfiram *(FDA approved for treatment of Alcohol Use Disorder)*
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 even small amounts of alcohol while taking disulfiram. The physical effects in response to alcohol consumption while taking disulfiram should also be considered as to their impact on or potential to exacerbate any other physical health conditions – especially for those individuals with cardiovascular conditions.

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 or buprenorphine long-acting injectable (LAI), oral naltrexone or naltrexone long-acting injectable (LAI). The selection of buprenorphine formulations 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 *(FDA approved for treatment of Opioid Use Disorder)*
In the absence of contraindications, buprenorphine or buprenorphine/naloxone should be considered first-line for treatment of Opioid Use Disorder for its effectiveness at reducing cravings for opioids, retaining individuals in treatment and ultimately for its ability to support abstinence from use of opioids and reduce overdose mortality. Individuals stabilized on an oral dose regimen of buprenorphine may also be considered for treatment with buprenorphine long-acting injectable (LAI). Note that a federal DATA 2000 waiver for healthcare providers is no longer required to prescribe buprenorphine for Opioid Use Disorder. (See Section IV, References for additional education and training resources for prescribing buprenorphine).

2. Naltrexone *(FDA approved for treatment of Opioid Use Disorder)*
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.

3. Methadone *(FDA approved for treatment of Opioid Use Disorder)*
Methadone treatment for Opioid Use Disorder is only available from a federally regulated Opioid Treatment Program (OTP). So, while methadone is not available for treatment in programs that are not certified as an OTP, methadone and a referral to an OTP should be considered as a treatment option for individuals who could potentially benefit from methadone for Opioid Use Disorder.

IV. References

A. Los Angeles County Department of Mental Health. (2017). *Parameters For the Use of Medications For Addiction Treatment In Individuals with Co-Occurring Substance Use Disorders.* [Internal publication]. Retrieved July 20, 2026 from https://file.lacounty.gov/SDSInter/dmh/235637_03.10MATparametersApril2015.pdf

B. Providers Clinical Support System for Medications for Opioid Use Disorders. (n.d.). *Buprenorphine*. Retrieved July 20, 2026, from https://pcssnow.org/medications-for-opioid-use-disorder/buprenorphine/