

Naltrexone Extended-Release Injectable Suspension (Vivitrol®) for the treatment of Opioid Use Disorder – Prescriber Information Sheet

Ideal candidates	<p>Naltrexone has benefits for <i>motivated</i> clients participating in a comprehensive program that includes psychosocial support</p> <ul style="list-style-type: none"> • Clts who have been detoxified from opioids (fully withdrawn for at least 7 days, 14 days for methadone & buprenorphine) • Clts with strong psychosocial support, including professionals & younger patients, with a short / less severe addiction history or who must demonstrate to officials that their risk of opioid use is low • Clts experiencing relapse risks such as visiting places of previous drug use, loss of spouse or a job • Appropriate for clts being treated for a co-occurring alcohol use disorder • Clts unable to or undecided on whether to use agonist treatment
Warnings & Precautions	<ul style="list-style-type: none"> • Vulnerability to Opioid Overdose: Patients may become sensitive to lower doses of opioids after detox, after naltrexone treatment is discontinued, after a missed dose, or near the end of the dosing interval which could result in potentially life-threatening opioid intoxication. Overdose may result from trying to overcome the opioid blockade effects of naltrexone • Use with caution in patients with active liver disease, thrombocytopenia / coagulation disorder, depression & suicidality, eosinophilic pneumonia, moderate to severe renal impairment, and women of childbearing age • LAI Naltrexone may cause a false positive on some urine drug tests for the detection of drugs of abuse (specifically opioids)
Contra-indications	<ul style="list-style-type: none"> • Clts receiving opioids (self-report, positive urine drug screen, or failed oral naltrexone challenge), on buprenorphine or methadone maintenance therapy, or currently undergoing opioid withdrawal • Clts expected to require opioid analgesics for pain management • Clts whose body mass precludes IM injection; inadvertent SQ injection may cause a severe injection site reaction • Clts allergic to naltrexone or any components of LAI Vivitrol®

Comparison of Medications Used to Treat Opioid Dependence

	ER Injectable Naltrexone (Vivitrol®)	Buprenorphine/naloxone (Suboxone®, Zubsolv®)	Methadone (Methadose®)
Class	Full antagonist	Partial agonist/antagonist	Full agonist
Administration	Gluteal IM inj by a qualified staff	Oral - taken at physician's office or at home	Oral, consumption usually witnessed at an OTP, until clt receives take-home doses
Frequency & effects	Monthly inj to decrease rewarding effects of opioids	Once daily to alleviate cravings & withdrawal symptoms	Once daily to alleviate cravings & withdrawal symptoms
Prescribing Restrictions	Any individual licensed to prescribe medicines Any pharmacy can fill the Rx	DEA registered licensed MD who either works at an OTP or have a waiver to prescribe buprenorphine Any pharmacy can fill the Rx	DEA registered licensed MD who works at an OTP Dispensed only at certified OTPs or hospitals*
Advantages	Established efficacy, once monthly injection. Fixed dose Not addictive	Established efficacy, may prescribe for up to a month. Avoidance of specialty clinics. Reduced abuse potential	Established efficacy, long history of use (~50 yrs), detoxification & maintenance treatment for motivated clts
Disadvantages	Require initial abstinence, little effect on opioid cravings, may precipitate addiction relapse, poor pt adherence, risk of overdose in clts concurrently using opioids <u>AEs:</u> hepatic enzyme abnormalities, injection site pain, nasopharyngitis, insomnia, & toothache	Taken PO daily, some abuse potential, may precipitate WDL if initiated before clt is in opioid WDL, particularly clts being transferred from methadone, MDs need limited special training <u>AEs:</u> headache, pain, sweating, vasodilation, potential liver complications (film: glossodynia, oral hypoesthesia & oral mucosa erythema)	Taken PO daily Require frequent visits to OTPs High abuse/diversion potential <u>AEs:</u> lightheadedness, dizziness, sedation, N/V, sweating, constipation, weakness, abdominal pain, reduced libido, visual disturbances, arrhythmias

* For opioid dependence treatment purposes, OTPs - opioid treatment programs, WDL - withdrawal