

How to Discuss and Initiate Extended-Release Naltrexone (Vivitrol)

Introduction

Extended-release naltrexone injection (XR-NTX) is an effective medication for some patients with opioid use disorder (OUD). Oral naltrexone has very weak evidence in OUD, so stick to the injectable form. It works by blocking opioid receptors, which can decrease drug cravings and prevent opioid effects if the patient does use. Because XR-NTX is an opioid blocker, patients must be opioid-free when they receive their first dose; otherwise, they could experience severe withdrawal. The need for drug abstinence before starting XR-NTX is its biggest drawback.

How to Discuss XR-NTX With Patients

Proper adherence is important to emphasize for long-acting injectables; the long interval between doses can make it easy for some patients to forget about follow-up. Patients also must understand that naltrexone is an opioid blocker and therefore won't ease withdrawal symptoms like buprenorphine or methadone. Finally, patients need to understand that it is crucial to be opioid-free before getting the first dose (and for the duration of treatment), or a very uncomfortable and drawn-out precipitated withdrawal could result.

Step 1: Ensure Your Patient Is Opioid-Free

In order to avoid precipitated withdrawal, patients need to have all opioids out of their system before their first dose. That usually starts with a medically supervised management of withdrawal symptoms. Since they can't have any opioids on board, that means no buprenorphine or methadone; withdrawal has to be managed utilizing a symptom-triggered protocol with clonidine and other symptomatic agents (see "Opioid Withdrawal: Time Course and Symptoms" fact sheet). They will need to be abstinent from short-acting opioids (eg, morphine, oxycodone, heroin) for seven to 10 days and long-acting opioids (eg, methadone, buprenorphine, street fentanyl) for 10–14 days before XR-NTX is given.

Step 2: Screen to Ensure the Patient Is Ready

Get a rapid urine drug screen and make sure that it is negative for opioids. Be sure the screen includes fentanyl and buprenorphine, as not all do. If the screen is positive, don't give XR-NTX. Repeat the screen every 24 hours until it is negative. Once negative, you can give XR-NTX. Some patients may have an incentive to begin treatment as soon as possible (for example, to satisfy treatment program requirements or a court mandate). Others might be embarrassed that they returned to use during a period of trying to maintain sobriety. So if the urine tox turns negative earlier than expected, or you are suspicious about the results, consider a naloxone challenge test by administering a small dose of naloxone (0.2 mg IV or 0.8 mg SC). Any withdrawal symptoms caused by naloxone will be short-lived and will tell you that the patient isn't ready for XR-NTX. If they don't have any withdrawal, they can get XR-NTX.

Step 3: Give XR-NTX as a Single Gluteal Injection

Each injection is 380 mg and comes as a powder that needs to be reconstituted with saline before administration. The reconstituted medication is 4 mL of a viscous liquid that is given as a deep IM gluteal injection every four weeks. Use a 1.5-inch needle for thin patients and a 2-inch needle for larger patients. It's normal to be sore for a few days at the injection site—ice and OTC analgesics can help.

Step 4: Repeat Injection Every Four Weeks

XR-NTX is designed to be given every 28 days, though the effect can wear off a little early in some patients. If this is the case, they can get the medication every three weeks.

Extended-Release Naltrexone Cheat Sheet

1. Patients must be abstinent from opioids for seven to 14 days before first dose
2. Ensure all opioids are out of their system with a urine tox or naloxone challenge
3. Warn patients about a few days of soreness at the injection site
4. Repeat doses every three to four weeks