

Can I switch from methadone or buprenorphine to naltrexone?

Perhaps, but first you need to be off methadone for approximately 14 days or buprenorphine for 10 days before starting naltrexone in order to avoid a serious precipitated withdrawal. If you are pregnant or considering becoming pregnant, naltrexone should not be taken.

Does naltrexone have side-effects?

Side-effects are different for different people. They are usually mild and lessen with continued use of the medicine. Some patients may experience nausea, headache, dizziness, anxiety or insomnia. Redness and soreness at the buttocks injection site may occur. Pleasure and satisfaction from normal activities, for example sexual functioning, is not affected. Naltrexone only inhibits the intense “high” from opioid drugs or the sedative effect “buzz” of alcohol.

How long is medication assisted treatment with naltrexone?

With some patients the minimum time is 6 months; the average treatment period may be 12-18 months for many patients. Others stay on naltrexone maintenance indefinitely and do not stop treatment. Often patients try different medication modalities – naltrexone, buprenorphine or methadone – until they find the one that works the best. You are the most important member of the ARP healthcare team! You make the choices that influence your road to recovery. We need you to be educated, empowered and engaged to benefit from our services. Let us know how we can move forward together.

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AMADOR RECOVERY PROJECT

OPIOIDS, ALCOHOL, TOBACCO

Medication Assisted Treatment with Naltrexone (MAT-NTX) is a recovery option for people who are dependent on opioid painkillers or heroin and alcohol. It is not a narcotic, it’s an opiate blocker, and it is available as a generic tablet or as an extended release injection (brand name Vivitrol).

RECOVERY =
Medication +Counseling +Support



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What is naltrexone?

It is a medication to treat dependency on opioids, such as prescription painkillers and heroin, or alcohol. Oral naltrexone (ReVia) was approved by the FDA in 1984 for heroin use and in 1995 for alcohol abuse. Injectable naltrexone (Vivitrol) was approved by the FDA for alcohol use disorders (AUD) in 2006 and for opiate use disorders (OUD) in 2010. It can be used as an alternative to methadone or buprenorphine. Vivitrol is a complete opiate antagonist which has no psychoactive properties other than to bind to an opiate receptor in the brain and block the superimposed potential opiate effect of euphoria and the sedative effects of alcohol.

What are the benefits of naltrexone?

- It is a non-narcotic treatment option for OUD/AUD; there is no DEA schedule.
- It may be prescribed by physicians, nurse practitioners, and physician assistants without special training/certification and with no patient panel limit.
- The oral formulation of generic naltrexone is relatively inexpensive (less than \$50 for #30 tablets 50mg. The retail pharmacy price for Vivitrol may be \$900-1200 per injection. Both are covered by NM Medicaid.
- Injectable naltrexone improves medication adherence since there is no daily pill taking with buprenorphine at home or daily methadone dosing in an OTP. Vivitrol also makes drug diversion not a clinical concern.
- Naltrexone helps you get control of a drug-dependent lifestyle so that there is more stability at home and/or at work.

Naltrexone treats addiction by:

- Preventing relapse after detoxification with a monthly injection; it is often given when leaving a jail/prison or a rehabilitation facility.
- Reducing but not stopping cravings.
- Blocking the opioid euphoria effect (“high”) or sedative effect of alcohol.

Can naltrexone cause overdose?

No, since it is not a narcotic. However, if someone tries to overcome the opiate blockade effects of naltrexone with very high doses of painkillers or heroin, life-threatening consequences may occur. If someone consumes alcohol while on naltrexone, there is no negative response of a physical nature.

Which MAT is best for me?

Your AHC/ARP healthcare team will consider many factors in making this determination: kind, duration and amount of drug use history, previous addiction treatment experiences, other physical and mental health conditions, strength and level of social support, stability of lifestyle (family, employment, housing, legal), your personal preferences (medication side-effects, cost; clinic type, convenience auxiliary services) and recovery goals/objectives (abstinence, substitution, or moderation of drug/alcohol use, improved overall health & wellness, better quality of life). There are many pathways to recovery, and no single approach works for everyone.

What is the clinical process for MAT-NTX?

Intake -- At the first appointment, your MD or NP/PA and you will decide if you are good candidate for naltrexone treatment. You may be excluded from naltrexone treatment if: you are pregnant or considering pregnancy, if you are actively using opiates/opioids, if you have not been off methadone or buprenorphine for 14 or 10 days, respectively, if you have a chronic pain condition for which you use narcotic analgesics, or if you have liver failure or dysfunction. You may be asked to take HCV or liver function testing before treatment. You will have to sign a treatment contract to enroll in the program.

Induction – Before your first injection, you will receive a rapid drug test to verify your abstinence for opiates/opioids. You may also receive a naltrexone challenge test with small oral doses of naltrexone to check on precipitated withdrawal likelihood. You may have to visit the clinic weekly during the first few weeks of treatment, and you will have to be available by telephone contact as needed. Only highly motivated persons with strong social support make good candidates for oral naltrexone treatment. Directly observed therapy (supervised dosing) improves treatment compliance with oral naltrexone.

Maintenance -- The frequency of visits to the clinic depends on your treatment adherence and progress; usually 2-4 visits per month are common. The dosing schedule for oral naltrexone is daily, alternate days or 3x/week; for injectable naltrexone it is a single intramuscular gluteal injection every 30 days. You will be asked to take routine or random drug screenings on a regular basis to monitor your treatment status. It is advisable to wear a medical alert tag or carry an ID card stating you use naltrexone since pain medications will not be effective.

Tapering – To discontinue or stop taking naltrexone safely, there is no required process of weaning down or off the medication. Confirmed arrangements for continuing psychosocial services should be made in advance of A ARP discharge.

Naltrexone addresses only the physical side of opioid addiction.

It is important to focus on the mental health side of addiction as well. This could be through counseling, self-help support groups, and/or classes noted in your treatment plan as determined by the prescribing provider and other team members. Mental health services may be onsite or via referral elsewhere.

Will my health insurance pay for naltrexone?

Yes, usually. Medicaid, Medicare and most private insurances pay for naltrexone/Vivitrol. Check with your insurance carrier to make sure the oral or injectable form is on the approved drug formulary list. Prior authorization processes may vary with each insurance. Alkermes, Inc may offer Vivitrol discount coupons for private insurance deductibles or co-pays and patient assistance program for low income, uninsured individuals.

Where can I get more information about Vivitrol?

You may visit the Alkermes, Inc. website at: <https://www.vivitrol.com/> or SAMHSA at: <https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>