SAFETY ALERT: Risk of Precipitated Withdrawal with Long-Acting Injectable Naltrexone (Vivitrol)

Situation/Background

Long-acting injectable naltrexone (Vivitrol) is used to treat **Opioid Use Disorder (OUD)** and/or **Alcohol Use Disorder (AUD)**. Initiating Vivitrol in a patient with recent opioid use can result in **severe precipitated opioid withdrawal**, potentially requiring hospitalization.

To prevent this serious adverse event, clinicians must confirm **opioid abstinence** prior to Vivitrol administration and follow a standardized **naltrexone challenge procedure** when appropriate.

- Vivitrol blocks opioid receptors and is contraindicated in patients with recent or active opioid use.
- Precipitated withdrawal may occur when naltrexone is administered before complete opioid clearance from the system.
- A **minimum opioid-free period of 7–14 days** is required, depending on the opioid's half-life.
- A structured protocol is necessary to assess opioid abstinence, evaluate safety labs, and educate patients before treatment.

Assessment/Recommendation

Pre-Challenge Recommendations:

- **Contraindications:**
  - **Anticipated need for opioid-based pain management (e.g., upcoming surgeries).**
  - **Current treatment with buprenorphine or methadone for OUD, even if AUD is also present.**
- **Opioid-Free Period:**
  - **Minimum 7–14 days opioid-free (e.g., methadone, fentanyl, buprenorphine, tramadol).**
- **Toxicology Screening:**
  - **Urine Drug Screen (UDS) negative for opioids within 24 hours prior to challenge.**
- **Pregnancy test**
- **Liver Function Tests (LFTs):**
  - **AST, ALT, and total bilirubin must be within acceptable limits (<3x upper limit of normal).**
- **Informed Consent:**
  - **Educate patients on risks, purpose, and symptoms of precipitated withdrawal.**
  - **Document verbal informed consent using the** Naltrexone Treatment Consent and Agreement

Naltrexone Challenge Procedure:

- **Setting: Conduct in a supervised clinical setting with emergency support available.**
- **Baseline Vitals: Record temperature, HR, RR, BP, and O2 saturation.**
- **Challenge Dose: Administer 25 mg oral naltrexone (consider a higher dose if prior buprenorphine use).**
- **Observation: Monitor for withdrawal for 1–2 hours post-dose; reassess vitals at 30, 60, and 120 minutes.**
- **Criteria for Success: No signs/symptoms of opioid withdrawal.**

Post-Challenge Plan (if tolerated):

- **Administer Vivitrol 380 mg IM in gluteal muscle within 24–72 hours.**
- **Continue post-injection observation for delayed symptoms.**

- **Provide education on:**
    - **Risk of reduced opioid tolerance post-treatment.**
    - **Overdose risk if relapse occurs.**
    - **Review of Naltrexone Treatment Consent and Agreement.**

If Withdrawal Occurs:

- **Provide supportive care, including full opioid agonists if necessary.**
- **Delay further use of naltrexone.**

Documentation Checklist:

- **Duration of opioid abstinence**
- **UDS and LFT results**
- **Challenge dose and timing**
- **All vital signs recorded**
- **Patient response and outcome/disposition**

WHO	• Providers, Pharmacists, Nurses
WHEN	• 8/6/2025
WHAT	• Be familiar with risks of precipitated withdrawal when ordering, verifying and administering long-acting naltrexone microspheres 380mg injection (Vivitrol). • Know the mitigation strategy to ensure patient safety and tolerability • Review this document • Review the updated FormWeb • naltrexone Vivitrol • Review order instructions in Epic when ordering Vivitrol
WHY	SAFETY ALERT: Risk of Precipitated Withdrawal with Long-Acting Injectable Naltrexone (Vivitrol) • Ensure patient safety
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