

## **Protocol for Long-acting Injectable Naltrexone for Alcohol Use Disorder**

### **1. Exclusions**

- a) Current opioid use. Recommend client be opioid free for 7-10 days (14 days for buprenorphine or methadone, 2-3 days for sporadic users)
- b) AST or ALT greater than 10 times the maximum of normal range with clinical symptoms of acute liver disease (abdominal pain, nausea, vomiting, fever, dark urine, clay-colored stools, jaundice, or icterus). (See Providers' Clinical Support System (PCSS) guideline "Monitoring of Liver Function Tests in Patients Receiving Naltrexone or Extended-Release Naltrexone" for more information)  
<https://pcssnow.org/wp-content/uploads/2014/10/PCSS-MAT-NTX-Liver-Safety-Guideline1.pdf>

### **2. Initiation**

- a) Comprehensive evaluation for alcohol and other substances:
  - i. Use: age at first use, current pattern of use\*, maximum use ever
  - ii. Cravings: severity (optional Urge to Drink Scale), triggers
  - iii. Consequences: medical, relationships, financial, work, legal, etc.
- b) Labs
  - i. Urine Drugs Screen: Results not required for initiation, but order is recommended
  - ii. Evaluation for HBV, HCV, and HIV: Not required for initiation, but recommended if patient has never been screened for these (or request primary care provider to order)
  - iii. LFTs are not required for initiation, see PCSS guideline
  - iv. Clients with cirrhosis, monitor total bilirubin
  - v. Screen for pregnancy; pregnancy is not a contraindication for treatment if benefit outweighs the risks
- c) PA required for ACE clients, but not for MediCal. May need to remind pharmacy to bill to State MediCal, not HPSM.
- d) Offer oral naltrexone to bridge until injection day. Start 50 mg half tablet daily for 2 days, then whole tablet daily. If patient declines and wishes to go straight to injection, will need to give test dose on day of injection (see below).
- e) Injection day
  - i. If patient not already taking oral naltrexone, give 25 mg oral naltrexone and monitor for 30 min for allergic reaction and opioid withdrawal symptoms. If no adverse reaction, proceed with injection.
  - ii. If patient taking oral naltrexone, discontinue it.

### **3. Continuation**

- a) Injections occur monthly.
- b) Monitor use of alcohol, set goals with client such as harm reduction or abstinence. Ask about use of other substances.

### **4. Termination/Transition**

- a) If no improvement after 2-3 months, discontinue, and switch to other medication for AUD. If partial improvement, consider augmentation. Note that decreased drinking is acceptable if patient's goal is not abstinence.

After 6 months of treatment, consider switching to oral naltrexone if client is doing well and psychosocial situation is stable. Continue injection if client prefers injection or if situation is unstable. In clinical trials for Vivitrol, about 10% of subjects continued it for 3-4 years.