

# Fact Sheet: Naltrexone

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## Common Questions about Naltrexone

- **What is the typical dose of naltrexone and how is it taken?**
  - **How does someone know naltrexone is working?**
  - **How long does a person take naltrexone?**
  - **What happens if a person takes naltrexone with opioids still in their system?**
  - **Who can prescribe naltrexone?**
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## What is the typical dose of naltrexone and how is it taken?<sup>1</sup>

- Naltrexone is given following a 5-7 day period of no opioid use. It is typically started as a pill taken by mouth for a few days to make sure a person doesn't have a negative reaction to the medication.
  - If continued orally it is typically dosed at 50mg per day.
  - Most often it is recommended to take naltrexone in the form of an extended release injection (380mg) that lasts 30 days.
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## How does someone know naltrexone is working?

- A person may experience reductions in cravings, though not as significant as the reductions seen with buprenorphine or methadone.
  - Having an opioid blocker in their system may lead a person to have fewer urges to use opioids and less acting on urges to use opioids, which may reduce use of opioids and help a person stay engaged in treatment and meet their goals.<sup>2</sup>
  - If a person continues to experience strong cravings, symptoms of withdrawal, and believes they are at risk for using opioids or are actually starting to use opioids (even with the naltrexone injection), it is important that they talk with a medical provider about other medication treatment for opioid use disorder.
  - People taking naltrexone develop more sensitive opioid receptors because they have not had opioids activating receptors. This means that individuals can have a higher risk of overdose if they stop naltrexone and start using opioids such as heroin or oxycodone again.<sup>1</sup>
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## How long does a person take naltrexone?

- The amount of time someone uses naltrexone to address their opioid use disorder can range from person to person.
- Naltrexone should be continued for as long as the individual finds it helpful in meeting their substance use and life goals.

- There is less data and research on length of time a person is recommended to take naltrexone, compared to the research on buprenorphine and methadone. In general, most providers would advocate the longer a person takes naltrexone (and its helpful to them), the better the outcome.
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### **What happens if a person takes naltrexone with opioids still in their system?<sup>1</sup>**

- If a person with an opioid use disorder takes naltrexone too soon, before 5-7 days has passed, that person will experience precipitated withdrawal.
  - Precipitated withdrawal happens because of how strongly naltrexone attaches to opioid receptors in the brain. Think about naltrexone as a magnet that connects specifically to opioid receptors in the brain. Magnets that have different strengths. For example, some magnets are so weak they barely hold a picture to the fridge.
  - Naltrexone is a stronger “magnet” than opioids like heroin or oxycodone. Naltrexone has a stronger pull to the brain’s opioid receptor. This means that when it enters the brain it will “knock out” other opioids, such as heroin, that are sitting in the brain’s opioid receptor. This causes a person to rapidly enter withdrawal.
  - Normally, withdrawal comes on gradually as opioids slowly lose their effect. In precipitated withdrawal, withdrawal symptoms come on suddenly and intensely because all of the opioids get “knocked out” too quickly by the naltrexone.
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### **Who can prescribe naltrexone?**

- There is no special training needed to prescribe this medication. Any health care provider that can prescribe medications, such as physicians, nurse practitioners, physician assistants, can prescribe naltrexone and can do so in any type of setting.
- Despite having the ability to prescribe, some providers may prefer to connect patients to another provider or program who is more experienced in treating opioid use disorder.

## References:

1. Kan, D., Zweben, J., Stine, S. M., Kosten, T. R., McCance-Katz, E. F. & McCarthy, J. J. (2019). Pharmacological and psychosocial treatment for opioid use disorder. In S. C. Miller, D. A., Fiellin, R. N., Rosenthal, & R. Saitz (Eds.), *The ASAM principles of addiction medicine (6<sup>th</sup> ed.)* (pp. 805-822). Philadelphia, PA; Lippincott Williams & Wilkins.
2. Saxon, A. J., Akerman, S. C., Chih-Chih, L., Sullivan, M. A. Silverman, B. L., & Vocci, F. J. (2018). Extended-release naltrexone (XR-NTX) for opioid use disorder in clinical practice: Vivitrol's cost and treatment outcomes registry. *Addiction, 113*, 1477-1487.

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