

## Antagonist Treatment for Opioid Use Disorder



To the Editor:

In the editorial “Using science to battle stigma in addressing the opioid epidemic: opioid agonist therapy saves lives,”<sup>1</sup> Sarah Wakeman astutely emphasizes the current underutilization of medication-assisted treatments for opioid use disorders, despite the striking evidence behind their effectiveness. The editorial, however, focuses solely on agonist therapy, without mention of US Food and Drug Administration (FDA)-approved antagonist therapy (ie, extended-release injection naltrexone [XR-NTX]), available in the United States as VIVITROL.

Extended-release injection naltrexone (XR-NTX) is FDA-approved for the prevention of relapse to opioid dependence after detoxification and should be part of a comprehensive management program that includes psychosocial support.<sup>2</sup> Administered in a once-monthly gluteal injection, XR-NTX is not an opioid and has limited abuse potential. In patients with opioid use disorders, XR-NTX increases the number of opioid-free days, improves treatment retention, and reduces subjective opioid cravings.<sup>3</sup> Patients should be opioid free for 7-10 days before beginning XR-NTX and advised of risks, such as injection site reactions and reduced tolerance to opioids after stopping treatment.

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Antagonist therapies represent an effective, underutilized category of medication-assisted treatment. In response to the worsening opioid epidemic, Congress passed the Comprehensive Addiction and Recovery Act of 2016, which improves access to prevention and treatment resources and requires that all office-based opioid addiction treatment providers have the capacity to provide directly or by referral all drugs approved by the FDA for the treatment of opioid use disorders, in addition to requirements for counseling and ancillary services.<sup>4</sup> This patient-centered approach ensures that individuals living with opioid addiction have the opportunity to discuss with their practitioner which FDA-approved medication treatment—including agonist or antagonist therapy—may be right for them.

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## References

1. Wakeman SE. Using science to battle stigma in addressing the opioid epidemic: opioid agonist therapy saves lives. *Am J Med.* 2016;129:455-456.
2. Alkermes, Inc. *VIVITROL Prescribing Information.* Waltham, Mass: Alkermes, Inc; 2013.
3. Krupitsky E, Nunes EV, Ling W, Illeperuma A, Gastfriend DR, Silverman BL. Injectable extended-release naltrexone for opioid dependence: a double-blind, placebo-controlled, multicentre randomised trial. *Lancet.* 2011;377:1506-1513.
4. Comprehensive Addiction and Recovery Act of 2016, Pub. L. No. 114-198. Available at: [www.congress.gov/114/bills/s524/BILLS-114s524enr.pdf](http://www.congress.gov/114/bills/s524/BILLS-114s524enr.pdf). Accessed August 15, 2016.