ABOUT YOUR MEDICINE

Naltrexone

ReVia, Vivitrol, Contrave (with bupropion), a medicine that blocks the opioid switch in your brain

Naltrexone blocks the reward from alcohol and opioids, so cravings quiet down and a slip is less likely to become more.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Alcohol and opioid use	Daily pill or monthly shot	Cravings ease in 1-2 weeks	No

This medicine carries **no special FDA safety warning** of that kind.

WHAT THIS MEDICINE DOES

- **Naltrexone** blocks the brain switch that alcohol and opioids press. Drinking feels less rewarding and cravings lose their grip.
- It is a treatment for a medical condition, not a test of willpower. Using it is a sign you are treating the illness properly.
- It is not habit forming, it causes no high, and there is nothing to come off of when you and your prescriber decide to stop.
- It comes as a daily tablet or as a shot given once a month, which many people find easier than remembering a pill.

HOW TO TAKE IT

- You must be fully off opioids first, usually **7 to 10 days**, or longer after methadone. Starting too soon triggers hard withdrawal.
- Your prescriber may check with a small test dose or a urine test before the first full dose or the first shot.
- Take the tablet at the same time each day. With or without food is fine, though food eases early nausea.
- If you miss a tablet, take it when you remember and go back to your usual time. Never take two to catch up.
- The shot is given in the muscle of the buttock at a clinic. Keep the monthly appointment even on weeks that feel easy.

WHAT TO EXPECT

- Most people notice cravings easing over **1 to 2 weeks**. Drinking, if it happens, tends to be less and to stop sooner.
- It works best alongside counseling or a support group, but it still helps if that is not something you want right now.
- You will not feel different day to day. No buzz, no numbness. The change shows up as fewer urges and easier decisions.
- A slip does not mean it failed and it is not a reason to stop the medicine. Tell your prescriber and keep going.
- People often stay on it for many months. Staying on a treatment that is working is a success, not a dependence.

COMMON SIDE EFFECTS

- Nausea is the most common effect, and it is worst in the first few days. Taking it with food usually settles it.
- Headache is common early on. Fluids, food, and plain acetaminophen handle most of it, and it fades within a week or two.
- Feeling tired, dizzy, or low on energy is common at first. It usually lifts as your body gets used to the medicine.
- Trouble sleeping or anxious nights can show up early. A steady bedtime and a morning dose often help.
- The shot can leave the injection site sore, hard, or swollen for a few days. A cold pack and gentle movement help.
- Some people feel low in mood on it. Say so early, because it is treatable and you do not have to sit with it.

CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Go to the ER for an injection site that turns dark, opens up, or gets badly swollen.
- Call your prescriber for yellow skin or eyes, dark urine, or pain in the upper right belly.
- Call **911** for chest pain, trouble breathing, or a face or throat that swells.
- Call **988** if thoughts of ending your life show up. This is common and it is treatable.

WHAT TO AVOID

- Your tolerance for opioids drops while you are on this. Going back to an amount you once used can kill you.
- This blocks opioid pain medicines. Carry a card or wear a bracelet that says so, in case you cannot speak for yourself.
- Do not try to override the block with more opioids. Enough to break through can stop your breathing entirely.
- Tell every surgeon and dentist you take this, at least **72 hours** before any planned procedure, so pain can be managed.
- Some cough and diarrhea remedies contain opioids and will not work. Ask a pharmacist before buying anything new.

STOPPING IT SAFELY

- You can stop this without withdrawal, but talk it through first. The plan matters more than the medicine itself.
- The days right after stopping are the highest risk time, because your tolerance is still low. Have naloxone on hand.
- If the tablet is easy to forget, ask about the monthly shot instead of stopping treatment altogether.
- For free, confidential help any hour of the day, call SAMHSA at **1-800-662-4357**.

QUESTIONS TO ASK

- How long do I need to be off opioids before I start this?
- What is the plan for pain control if I end up in the ER?
- Would the monthly shot fit my life better than a daily pill?
- How long would you like me to stay on this medicine?

Where this information comes from

MedlinePlus. (2023). *Naltrexone*. National Library of Medicine. https://medlineplus.gov/druginfo/meds/a685041.html

MedlinePlus. (n.d.). *Alcohol use disorder (AUD)*. National Library of Medicine. https://medlineplus.gov/alcoholusedisorderaud.html

MedlinePlus. (n.d.). *Opioid misuse and addiction*. National Library of Medicine. https://medlineplus.gov/opioidmisuseandaddiction.html

National Institute on Drug Abuse. (n.d.). *Treatment and recovery*. https://nida.nih.gov/research-topics/treatment

National Library of Medicine. (n.d.). *DailyMed*. https://dailymed.nlm.nih.gov/dailymed/

Substance Abuse and Mental Health Services Administration. (n.d.). *National Helpline*. https://www.samhsa.gov/find-help/national-helpline

NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.