SESLHDMG/135

Medicine Guideline

Naltrexone for treatment of long-acting opioid poisoning

Areas where Protocol/Guideline applicable	SESLHD Inpatients > 16 years
Authorised Prescribers:	SESLHD Toxicologists or on approval by Toxicologists
Indication for use	Off-label use as opiate antagonist for the treatment of long-acting opioid poisoning (e.g. methadone, buprenorphine, carfentanil) in opioid naïve patients
Clinical condition	• Opioid naïve patients who present to ED with a history of ingestion of a long-acting opioid (eg: methadone, buprenorphine, carfentanil) or symptoms of opioid toxicity • Clinical response to naloxone, but require a naloxone infusion
Formulary Status	Naltrexone is not listed on the SESLHD Medicines Formulary for this indication. Retrospective Individual Patient use (IPU) applications must be submitted on the IPU platform.
Proposed Place in Therapy	To be used in patients who are known to be opioid naïve, have taken a long-acting opioid and developed respiratory depression, predicted to need to have a prolonged naloxone infusion and have responded clinically to an initial naloxone injection. Naltrexone will be used as second-line therapy in these patients following clinical response to initial naloxone injection.
Adjunctive Therapy	Naloxone
Contra-indications	• Patients who are opioid dependent • Patients being treated with an opioid analgesic for a painful condition or if a painful procedure is planned (since naltrexone will reduce analgesia) • Contraindicated in acute hepatitis, liver failure or when liver enzymes >3 times ULN • Known allergy to naltrexone
Precautions	Chronic hepatitis B and/or C or raised baseline liver enzymes – monitor liver function (especially total bilirubin) regularly to ensure naltrexone does not exacerbate condition. Avoid use in pregnancy if possible, contact Mothersafe if required (Ph: 93826539)
Important Drug Interactions	Naltrexone + Opioids: Naltrexone reversibly blocks opioid receptors and reduces effects of opioids; in opioid dependence may precipitate withdrawal symptoms at start of naltrexone treatment
Dosage	Adult and Children > 16 years: **50 mg** orally once only
Duration of therapy	Single dose. An additional dose may be required after 24 hours to treat respiratory depression, but only on the recommendation of a toxicologist.
Prescribing Instructions	Prescribed on the eMR. In the absence of eMM systems, the appropriate paper medication chart may be used

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Administration Instructions	Initial treatment with naloxone if required for immediate treatment as naltrexone may take up to an hour to exert its peak effect. The patient will be given one 50mg dose of oral naltrexone, and then monitored for 4 hours in the ED. Patients will then be stepped down to a normal ward bed for 12 hours observations Patient to be discharged 12 hours post last naltrexone dose Patients should be discharged home during daylight hours with a carer. Instructions should be provided to return to the ED should the patient develop symptoms of opioid toxicity (cyanosis, reduced level of consciousness, bradypnoea or apnoea).
Adverse effects	Possible GI upset but rare
Monitoring requirements Safety Effectiveness (state objective criteria)	Heart rate, GCS, respiratory rate and O2 saturation 1. Monitor for 4 hours in the ED 2. Stepdown to normal ward bed for observation 3. Discharge home 12 hours post last naltrexone dose, with instructions to re-present to ED if symptoms of opioid toxicity develop.
Management of Complications	Supportive care if patients develop symptoms of opioid toxicity
Basis of Protocol/Guideline: (including sources of evidence, references)	Aghabiklooei A, Hassanian-Moghaddam H, Zamani N, et al. Effectiveness of naltrexone in the prevention of delayed respiratory arrest in opioid- naive methadone-intoxicated patients. *BioMed research international* 2013; **2013**: 903172 Australian Medicines Handbook – Naltrexone monograph (accessed via CIAP 30/05/2022) Naltrexone Product Information – last amended 1st December 2021
Groups consulted in development of this guideline	Dr Zeff Koutsogiannis (Toxicologist – Austin Hospital, Melbourne) Amy Minett, Acting SESLHD QUM Lead Pharmacist

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GOVERNANCE	
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