NATIONAL PBM ALERT

August 18th, 2008

DEPARTMENT OF VETERANS AFFAIRS (VA), VETERANS HEALTH ADMINISTRATION (VHA), PHARMACY BENEFITS MANAGEMENT (PBM) SERVICES, MEDICAL ADVISORY PANEL (MAP), AND CENTER FOR MEDICATION SAFETY (VA MedSAFE)

NALTREXONE EXTENDED-RELEASE INJECTABLE SUSPENSION (VIVITROL®) SAFETY INFORMATION: POTENTIALLY SERIOUS INJECTION SITE REACTIONS

I. ISSUE

On August 12th, 2008, the Food and Drug Administration (FDA) issued an alert to warn providers about potentially serious injection site reactions that have been reported in postmarketing surveillance of naltrexone extended-release injectable suspension. The reactions include abscess, necrotic abscess, sterile abscess, cellulitis, necrotic hematoma, induration, hematoma, necrosis, and fat necrosis. Surgical intervention was required in 16 of 196 reports of injection site reactions received by the FDA. The surgical procedures ranged from incision and drainage of abscesses to extensive debridement for tissue necrosis.

II. BACKGROUND

Naltrexone extended-release injectable suspension was approved by the FDA in April 2006 for the treatment of alcohol dependence as part of a comprehensive management program that includes psychosocial support. It is given once monthly as a deep injection into gluteal muscle, alternating sites per injection. It should not be given subcutaneously or intravenously.

In clinical trials, necrosis, hemorrhage, granuloma, cyst, and hypersensitivity occurred in 1 (0.1%) of 811 injectable naltrexone–treated subjects. The incidence of postmarketing serious injection site reactions is unknown. Inadvertent injection of naltrexone suspension into fatty tissue may increase the likelihood of serious injection site reactions. Females may be at higher risk for injection site reactions because they typically have thicker gluteal fat tissue. FDA is now working with Alkermes, the manufacturer of injectable naltrexone, to modify the prescribing information based on postmarketing adverse event reports of injection site reactions.

Since FY2007, 73 outpatients have received injectable naltrexone in VHA. The VA Adverse Drug Events Reporting System (VA ADERS) database contains no recorded symptoms of injection site reactions associated with injectable naltrexone.

III. VAMedSAFE RECOMMENDATIONS:

1. Do not administer injectable naltrexone intravenously, subcutaneously, or into fatty tissue. Healthcare providers should ensure that the naltrexone injection is given correctly with the prepackaged 1½-inch needle that is specifically designed for this drug. Do not substitute the provided needle with any other needle or a needle of longer length. The provided needle is not a standard needle. Consider alternate treatment for patients whose body habitus precludes injection of naltrexone into gluteal muscle with the provided needle.
2. **Instruct patients to monitor the injection site and contact their provider if they develop pain, swelling, tenderness, induration, bruising, pruritus, or redness at the injection site that does not improve or worsens within two weeks. Physicians should promptly refer patients with worsening injection site reactions to a surgeon.**
3. Report new and serious adverse events associated with injectable naltrexone in VA ADERs (https://medora.va.gov/adr/).

Links: FDA HCP Information Sheet on Naltrexone Injectable, Vivitrol (Naltrexone ER Inj Susp) Prescribing Information