### PRODUCT DESCRIPTION

VIVITROL® (naltrexone for extended-release injectable suspension), approved by the U.S. Food and Drug Administration in April 2006 is the first and only once-monthly injectable medication for the treatment of alcohol dependence.

VIVITROL is indicated for patients who are able to abstain from drinking in an outpatient setting and are not actively drinking when initiating treatment.

As part of a comprehensive treatment management program, patients should receive a once-monthly injection of VIVITROL along with ongoing counseling or group therapy.

VIVITROL is non-addictive – patients did not develop a tolerance for or dependence on VIVITROL. Unlike other medications, VIVITROL is non-aversive, meaning patients do not become ill as a result of drinking alcohol while on VIVITROL.

VIVITROL works by binding to opioid receptors in the brain. Although the mechanism responsible for the reduction in alcohol consumption observed with VIVITROL treatment is not entirely understood, preclinical data suggests that occupation of the opioid receptors results in the blockade of the neurotransmitters in the brain that are believed to be involved with alcohol dependence. This blockade may result in the reduction in alcohol consumption observed in patients treated with VIVITROL.

### INNOVATION

VIVITROL was developed in part to help address the issue of patient adherence with pharmacologic treatment. Patient adherence is a common problem with many types of oral medications. In addition, the physical and psychological grip of addiction can affect a patient’s ability to comply with a daily regimen of medication.

The proprietary Medisorb® drug delivery technology in VIVITROL allows the medication to be gradually released into the body at a controlled rate over a one-month time period, providing patients with the convenience of monthly dosing, which alleviates the need for patients to remember to take a daily oral medication.

### EFFICACY

Results from clinical studies have shown:

- Those treated with VIVITROL had a greater reduction in the number of heavy drinking days than those treated with placebo.
- In a subset of patients who abstained from drinking in the week prior to receiving their first dose of medication, those treated with VIVITROL were more likely to maintain complete abstinence (without relapse) throughout the six-month study, and showed a greater reduction in drinking days as well as a
greater reduction in heavy drinking days, compared to the placebo-treated group over the six-month treatment period.ii
- There was no difference in the safety profile seen in patients using VIVITROL along with antidepressants than to those who used VIVITROL alone.iii

**DOSING AND ADMINISTRATION**

VIVITROL is administered once-a-month as a single dose, 380 mg intramuscular gluteal injection.

Unlike other medications for alcohol dependence, VIVITROL is administered by a healthcare provider. This may result in more frequent interaction with the healthcare professional, which could essentially strengthen the therapeutic alliance – the collaborative relationship a healthcare professional is able to form with a patient, which is a critical factor in the success of therapy.

Pretreatment with oral naltrexone is not required before using VIVITROL.

**SAFETY PROFILE**

In clinical trials, VIVITROL was generally well tolerated and the majority of patients had adverse events that were mild to moderate in intensity. The most common adverse events associated with VIVITROL in clinical trials were nausea, vomiting, headache, dizziness, fatigue and injection site reactions.

Please see important information for VIVITROL below in addition for full prescribing information, including boxed warning, please call 1-800-VIVITROL (1-800-848-4876) or visit www.vivitrol.com.

**SUPPORT PROGRAM**

VIP3™ (VIVITROL Information for Patients, Physicians and Providers), a comprehensive support program, is designed to provide physicians and patients with access to product and to help ensure continuity of care. VIP3 integrates support services to address each step in distribution, reimbursement and administration of VIVITROL.

By calling the VIP3 support line, 1-800-VIVITROL (1-800-848-4876), or visiting www.vivitrol.com, patients and physicians will receive necessary support and information from trained coordinators to help them obtain VIVITROL.

**ADDITIONAL INFORMATION**

Cephalon has primary responsibility for the marketing and sales of VIVITROL in the United States and Alkermes is responsible for manufacturing VIVITROL.
VIVITROL® (naltrexone for extended-release injectable suspension)

Indication

VIVITROL is indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with VIVITROL.

Patients should not be actively drinking at the time of initial VIVITROL administration.

Treatment with VIVITROL should be part of a comprehensive management program that includes psychosocial support.

Important safety information

WARNING

Naltrexone has the capacity to cause hepatocellular injury when given in excessive doses.

Naltrexone is contraindicated in acute hepatitis or liver failure, and its use in patients with active liver disease must be carefully considered in light of its hepatotoxic effects. The margin of separation between the apparently safe dose of naltrexone and the dose causing hepatic injury appears to be only five-fold or less. VIVITROL does not appear to be a hepatotoxin at the recommended doses. Patients should be warned of the risk of hepatic injury and advised to seek medical attention if they experience symptoms of acute hepatitis. Use of VIVITROL should be discontinued in the event of symptoms and/or signs of acute hepatitis.

VIVITROL is contraindicated in patients receiving or dependent on opioids, in acute opioid withdrawal, and in those who have failed the naloxone challenge test or have a positive urine screen for opioids; and in those with previous hypersensitivity to naltrexone, PLG or any other components of the diluent.

Patients must be opioid free for a minimum of 7-10 days before treatment. Attempts to overcome opioid blockade due to VIVITROL may result in fatal overdose. In prior opioid users, use of opioids after discontinuing VIVITROL may result in fatal overdose because patients may be more sensitive to lower doses of opioids. Patients requiring reversal of the VIVITROL blockade for pain management should be monitored by appropriately trained personnel in a setting equipped for cardiopulmonary resuscitation.

Consider the diagnosis of eosinophilic pneumonia if patients develop progressive dyspnea and hypoxemia. Injection site reactions not improving may require prompt medical attention. Alcohol-dependent patients, including those taking VIVITROL, should be monitored for the development of depression or suicidal thinking. Caution is recommended in administering VIVITROL to patients with moderate to severe renal impairment.

The most common adverse events associated with VIVITROL in clinical trials were nausea, vomiting, headache, dizziness, asthenic conditions and injection site reactions.

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