

Naltrexone 25 mg ODT

ACTIVE Naltrexone
FORM 25 mg orally disintegrating tablet

01 / TREATMENT OVERVIEW

The clinical and commercial fit

Potential reduction in alcohol reward or craving when used within a comprehensive treatment program. Some patients may experience less reward-driven eating, fewer cravings, or improved control over compulsive habits. Can support a broader behavioral-care plan that includes coaching, nutrition, addiction treatment, or mental-health care.

WHY PRACTITIONERS CONSIDER IT

Potential reduction in alcohol reward or craving when used within a comprehensive treatment program.

Can support a broader behavioral-care plan that includes coaching, nutrition, addiction treatment, or mental-health care.

02 / TREATMENT FEATURES

01 Administration Catalog format: 25 mg orally disintegrating tablet. The prescribing clinician and dispensing pharmacy confirm the exact preparation, concentration, handling, and administration technique.	02 Typical frequency Frequency depends on the clinical indication and prescription. A weight-care schedule should not be borrowed from the naltrexone/bupropion combination.
03 Expected duration Use a defined clinician-directed trial period with baseline measures, scheduled reassessment, and a clear continuation or stopping decision.	04 Practical advantages Can support a broader behavioral-care plan that includes coaching, nutrition, addiction treatment, or mental-health care.

03 / PATIENT BENEFITS

Why suitable patients may consider it

POTENTIAL PATIENT BENEFITS

What suitable patients may value

- Potential reduction in alcohol reward or craving when used within a comprehensive treatment program.
- Some patients may experience less reward-driven eating, fewer cravings, or improved control over compulsive habits.
- An orally disintegrating format may be convenient for patients who prefer not to swallow a standard tablet.

ADDITIONAL PATIENT VALUE

Experience and care goals

- Can support a broader behavioral-care plan that includes coaching, nutrition, addiction treatment, or mental-health care.
- Offers a non-stimulant pathway for selected opioid-free patients with reward-driven symptoms.

Responses vary by condition. Naltrexone must not be used with current opioid exposure, and weight-loss benefit from naltrexone alone is variable and not guaranteed.

04 / IDEAL CLIENT PROFILE

Who is most likely to be a fit

BEST-FIT PATIENT

Qualification profile

- A carefully screened adult whose goals align with the potential benefits above and who understands that individual response varies.
- A patient willing to complete clinician-directed baseline review, monitoring, and an outcome-based follow-up plan.

CLINICAL CONTEXT

Qualification notes

- Can support a broader behavioral-care plan that includes coaching, nutrition, addiction treatment, or mental-health care.
- Strongest fit occurs when the exact formulation, route, source, contraindications, and measurable goals can be clearly documented.

05 / POTENTIAL SIDE EFFECTS

The safety information patients need

COMMON OR TEMPORARY

Expected tolerability issues

- In an open-label alcoholism study, new nausea occurred in about 10%, headache in 7%, dizziness and fatigue in 4%, insomnia in 3%, and anxiety or sleepiness in about 2%.
- Vivid dreams, reduced appetite, stomach upset, and mood changes are also reported in practice.

SERIOUS OR IMPORTANT

Risks that change the decision

- Naltrexone can precipitate severe withdrawal if opioids are still present.
- Patients may become more sensitive to opioid overdose after treatment ends, and attempting to overcome the opioid blockade can be fatal.
- Dose-related liver injury is an important concern, particularly with high exposure or active liver disease.

06 / CONTRAINDICATIONS

Who may not be a suitable candidate

AVOID OR USE SPECIALIST INPUT

Suitability limits

- Current opioid analgesic use, opioid dependence, acute opioid withdrawal, a positive opioid screen, or a failed naloxone challenge.
- Acute hepatitis, liver failure, prior serious hypersensitivity, or an immediate need for opioid pain treatment.

Side effects and suitability notes are not exhaustive. The exact product, patient history, dosing, monitoring, and emergency guidance require review by an appropriately licensed clinician.

What to check before treatment

BEFORE TREATMENT

Screening checklist

- Confirm the opioid-free interval appropriate to the opioid used; long-acting opioids and buprenorphine or methadone may require longer specialist-guided planning.
- Review urine opioid testing or naloxone challenge when clinically indicated, liver history and laboratory testing, pregnancy status, alcohol use, mood symptoms, and planned procedures.
- Confirm that the patient can alert emergency and perioperative clinicians that opioid blockade is present.

ESCALATION

When to refer

- Suspected opioid withdrawal, overdose risk, acute liver symptoms, severe depression, suicidality, or complex opioid transition requires urgent or specialist medical care.

Screening and referral decisions are patient-specific. This summary does not replace diagnosis, prescribing information, informed consent, or local clinical requirements.

What the strongest public sources support

CURRENT STATUS

Naltrexone is approved for alcohol dependence and opioid blockade. A 25 mg naltrexone-only ODT is not an approved stand-alone weight-loss treatment.

- A randomized ten-week trial in 41 adults found that 200 mg/day naltrexone did not produce effective weight loss. Stronger obesity results come from fixed naltrexone/bupropion therapy, which is not equivalent to this product.

KEY CLINICAL SOURCES

Primary or official source: Naltrexone hydrochloride tablet label, DailyMed, May 2026

Primary or official source: Controlled trial of naltrexone monotherapy in obesity, 1985

Primary or official source: Naltrexone/bupropion COR-I obesity trial, Lancet 2010

Evidence and regulatory status can change. Confirm the current label, formulation, route, dose, pharmacy source, jurisdiction, and intended use before offering treatment.

How the research maps to this exact product

Naltrexone alone has weak and inconsistent weight-loss evidence. Better trials test naltrexone with bupropion, which is a different product.

STUDY 01

Primary human finding

- Older small randomized studies of naltrexone alone, often at 50-200 mg/day, found little or no clinically important weight loss and more nausea or liver-enzyme concern at high doses. These doses and tablets do not match a 25 mg ODT.

STUDY 02

Supporting context

- Large trials of naltrexone/bupropion show modest weight loss, but the added bupropion means those results cannot be assigned to this naltrexone-only ODT.

Research on a related ingredient, route, dose, or population may not predict the outcome of the exact product offered. Potential benefits remain patient-specific and are not guaranteed.

What people report and how the evidence matches

REAL-WORLD REPORTS

What people describe

- About six usable accounts described less alcohol/food reward or fewer cravings; others reported no weight change. Nausea, headache, vivid dreams, low mood, and tiredness were common reasons to stop.

TIMING AND MATCH

When changes are reported

- Craving changes were often reported in days to 2 weeks; weight effects, when present, took months.
- Combination-drug trials and higher-dose standard tablets do not directly match this ODT.

SOURCE NOTES

Direct links are included for verification. Public personal accounts are unverified and cannot show how common an outcome is. Evidence for one ingredient, route, or dose does not automatically validate a different compounded or blended product.

Product listing: Lennox catalog page; accessed Aug 26, 2026

Clinical evidence: PubMed search: naltrexone-only obesity trials

User-reported evidence: Public naltrexone experience community

PRACTICE NOTE

This report supports informed discussion; it does not tell anyone to start, stop, or dose a treatment. Verify the exact ingredients, concentration, route, dispensing source, storage, beyond-use date, contraindications, and monitoring plan.