

Nalmefene

Selincro tablets — non-US alcohol treatment

Two different uses, two different pages. This page covers the tablet; the next covers US opioid-overdose rescue.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

SELINCRO: ADULTS ONLY

ONE 18 MG TABLET MAXIMUM PER DAY

This diagram shows the receptor profile, not a guarantee of benefit. Tablets are not an overdose-rescue treatment.

What it is used for

May help selected adults reduce heavy drinking when combined with counseling. Your team first checks drinking patterns over about two weeks.

Not for alcohol withdrawal or someone needing immediate detoxification. Selincro tablets are not FDA-approved for alcohol treatment.

How it works

Changes opioid-system signals involved in alcohol reward and the urge to keep drinking. It does not make alcohol harmless or prevent intoxication.

It also blocks opioid medicines. Taking a tablet after recent opioid use can trigger sudden, severe withdrawal. Tell your team about every opioid.

What to expect over time

BEFORE STARTING

Track drinking for two weeks and discuss withdrawal risk, opioids and your goals.

FIRST MONTH

Review drinking and side effects. Benefit varies; counseling remains part of treatment.

FOLLOW-UP

Keep regular reviews, often monthly. Adjust the plan together if it is not helping.

Taking your medication

On a day with a risk of drinking, take one tablet as prescribed, preferably 1–2 hours beforehand. Never more than one tablet that day.

If drinking has already begun and you have not taken a tablet, take one as soon as possible. Do not double up.

Swallow whole, with or without food. Do not split, chew or crush. Do not take tablets to treat an overdose.

When to get help

Emergency help: seizure, severe confusion, collapse, breathing trouble or swelling of the face, lips, tongue or throat.

Urgent assessment: hallucinations, feeling detached from yourself, severe withdrawal or a prolonged painful erection.

Tell your team: persistent vomiting, worsening mood or thoughts of self-harm.

Early side effects

Nausea, dizziness, headache and poor sleep are common early on. Tiredness, vomiting, low appetite or a pounding heart can occur. Do not drive while dizzy, sleepy or less alert.

Other effects to discuss

Do not combine tablets with opioids, including methadone or buprenorphine. Check cough, pain and diarrhea medicines. Fluconazole, diclofenac and other medicines also need review.

What to keep track of

Discuss liver/kidney disease, seizures, depression, pregnancy or breastfeeding; tablets are not recommended in pregnancy. Tell procedural teams your last dose. Planned opioid pain relief usually needs a one-week tablet pause arranged by your prescriber. Stopping tablets usually needs no taper.

Before you start

If someone will not wake to voice or touch and is breathing slowly, shallowly or not at all, give the available rescue product promptly and call 911. Opvee nasal spray and Zurnai injection are different devices; use the one you have as instructed. Never give Selincro tablets to an unconscious person.

Medicines & interactions

OPVEE / 2.7 mg nasal

Lay the person on their back and support the neck to tilt the head back. Insert the nozzle into one nostril; press the plunger fully. Do not test or prime. Each device sprays once.

ZURNAL / 1.5 mg injection

Check the device and clear, particle-free liquid. Twist/pull off the blue cap; do not touch the needle end. Press firmly into the outer thigh until it clicks; hold 3 seconds. Clothing is okay. The window should turn fully orange. Do not recap.

CALL 911 / REPEAT IF NEEDED

Call immediately after the first dose, even if they wake. If no response or breathing slows again, use a new device every 2–5 minutes. Alternate nostrils for Opvee. If Zurnai's window did not turn fully orange, use a new device as its instructions direct.

Everyday tips

Follow the dispatcher's rescue-breathing or CPR instructions. Medication does not replace breathing support.

If breathing normally, place the person on their side. Stay with them and keep watching their breathing.

Do not give opioids to overcome withdrawal or the blocking effect. This can cause a fatal overdose.

Tell responders what was taken, when rescue was given and how many doses were used. Do not cancel help after an initial response.

Your questions, answered

Can withdrawal happen suddenly?

Yes: vomiting, sweating, cramps, diarrhea, agitation or a fast pulse can occur. Emergency care is still needed. Opioid dependence is not a reason to delay rescue.

What about pregnancy?

Do not withhold life-saving overdose rescue because of pregnancy. Tell emergency clinicians so they can assess both parent and fetus.

Is one dose always enough?

No. Breathing problems can return, and buprenorphine overdoses may respond incompletely. Repeat as directed and continue emergency support.

How do I prepare ahead of time?

Show family/support people where devices are kept. Read the supplied device instructions together; this page does not replace them. Replace used or expired devices.

Storage & safety

Keep medicines away from children. Store rescue devices in their cartons, protected from light: Opvee 59–77°F, no freezing; Zurnai 68–77°F, no freezing or refrigeration. Check Zurnai's liquid every 30 days. Dispose of used Zurnai devices in a sharps container; ask a pharmacist about other disposal.

A final reminder

Oral guidance follows UK Selincro information; rescue guidance follows US product instructions.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://www.medicines.org.uk/emc/product/3051/pil>
 2. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=999a4269-9e54-4801-b2ac-2a7276f0b94f>
 3. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a59a5847-9fe4-4341-a203-be0a5e6d3e36>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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