**Vivitrol® Helps Reduce Relapse Rates in Heroin-Dependent Men**

A clinical trial published in *Addiction* found that extended-release naltrexone (XR-NTX; Vivitrol®) is associated with a significant decline in relapse rates for a group of mostly heroin-dependent men after release from New York City jails.

The study is the only randomized controlled trial to look at the effectiveness of XR-NTX in a municipal jail setting. XR-NTX is an understudied opioid antagonist that prevents relapse by blocking the effects of opioids in the brain, such as euphoria, pain relief, sedation, and physical dependence, as well as cravings.

The study included 33 participants who had been incarcerated in New York City Department of Correction facilities and were not interested in methadone or buprenorphine maintenance programs. Of that group, 16 received XR-NTX before their release date and were offered a second injection 4 weeks later; 17 did not receive the drug. Both groups received motivational counseling and referrals to community treatment. There was no placebo injection.

After 1 month following release from jail, 88% (n = 15) of participants in the control group relapsed, whereas only 38% (n = 6) relapsed in the treatment group. Participants in the treatment group who received an XR-NTX injection before their release and 1 month later were also less likely to be re-incarcerated during the study period compared to the remaining participants.

**Combination Therapy of Canagliflozin and Metformin Extended Release Improves A1C Levels**

Janssen Research and Development announced results of a phase 3, randomized study showing that the use of initial combination therapy of canagliflozin and metformin extended release (XR) in individuals with type 2 diabetes with higher A1C levels (and who treat their diabetes with diet and exercise only) was effective and generally well-tolerated.

The study included a total of 1,186 patients with type 2 diabetes with inadequate glycemic control (mean HbA1c baseline = 8.8%). Patients were randomized to receive canagliflozin 100 mg in combination with metformin XR (median = 2,000 mg/day), canagliflozin 300 mg in combination with metformin XR, canagliflozin 100 or 300 mg, or metformin XR. Both groups receiving canagliflozin in combination with metformin XR showed statistically superior A1C reductions (change from baseline = –1.77 and –1.78, respectively) compared with patients treated with either canagliflozin 100 mg (change from baseline = –1.30) or 300 mg (change from baseline = –1.37), or metformin XR (change from baseline = –1.42) alone.

Patients treated with the combination therapy showed significant weight reduction when compared with those treated with metformin XR. Canagliflozin monotherapy (100 and 300 mg) showed similar and non-inferior results in lowering A1C, as well as greater body weight reduction, versus metformin XR alone. Overall, rates of serious adverse events were low. Incidences of genital mycotic infections and osmotic diuresis, volume depletion and renal-related adverse events, and hypoglycemia were higher in patients with canagliflozin.