Medication Assisted Treatment (MAT)
Patient Treatment Agreement
For Extended-Release Injectable Naltrexone (Vivitrol®)

Patient Name: _____ DOB : _____ MRN: _____

Medication Guide

Read this Medication Guide before you start receiving extended-release injectable naltrexone (Vivitrol®). This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

What is Extended-Release Injectable Naltrexone (Vivitrol)?

- Extended-release injectable naltrexone (Vivitrol®) is a prescription medication used to treat alcohol and opioid dependence by decreasing the craving or urge to use. To be effective, it is recommended that treatment be combined with other substance use treatments such as counseling.

What is MAT with Extended-Release Injectable Naltrexone (Vivitrol®)?

- Medication-assisted treatment with extended-release injectable naltrexone (Vivitrol®) is a treatment that includes both routine medical appointments and counseling sessions. Maintenance therapy can continue as long as necessary to support your recovery goals.

What are the possible side effects of Extended-Release Injectable Naltrexone (Vivitrol®)?

1. Risk of opioid overdose for patients with opioid use disorder.

- Extended-release injectable naltrexone (Vivitrol®) blocks the effects of opioids such as heroin, fentanyl, or opioid pain medicines. If you use heroin, fentanyl, opioid-containing medications, or any other form of opioids to try to overcome the opioid-blocking effects of extended-release injectable naltrexone (Vivitrol®) it can lead to serious injury, coma, or death.
- After you receive a dose of extended-release injectable naltrexone (Vivitrol®), its blocking effect slowly decreases and completely dissipates over time. You will experience increased risk of overdose and death if you attempt to use opioids at the dose you tolerated prior to treatment with extended-release injectable naltrexone (Vivitrol®) .
- You may also be more sensitive to the effects of lower amounts of opioids in the following conditions:
- After you have gone through detoxification
- When your next extended-release injectable naltrexone (Vivitrol®)dose is due
- If you miss a dose of extended-release injectable naltrexone (Vivitrol®)
- After you stop extended-release injectable naltrexone (Vivitrol®) treatment
- It is important to inform the people closest to you of this increased opioid sensitivity and

risk of overdose. You or someone close to you should immediately seek emergency medical care if you:

- Have trouble breathing, slow, or shallow breathing (little chest movement with breathing)
- Become very drowsy or confused, feel faint or very dizzy, or have unusual symptoms.

2. Sudden opioid withdrawal.

Any opioid use in the 7 to 14 days before receiving an extended-release injectable naltrexone (Vivitrol®) may cause sudden symptoms of opioid withdrawal when you get the extended-release injectable naltrexone (Vivitrol®). Prior to receiving extended-release injectable naltrexone (Vivitrol®) treatment, you must stop the use of any opioids. This includes:

- Any illegal substance containing opioids
- Opioid-containing medications used to treat pain, cold, cough, or diarrhea
- Opioid dependence treatment medications (buprenorphine and methadone)

3. Severe reactions at the site of the injection.

Some extended-release injectable naltrexone (Vivitrol®) recipients have experienced severe injection site reactions requiring surgery. Tell your healthcare provider about any reaction at an injection site that concerns you, gets worse over time, or does not get better by two weeks after the injection.

4. Liver damage or hepatitis.

Naltrexone, the active ingredient in extended-release injectable naltrexone (Vivitrol®), can cause liver damage or hepatitis. Tell your healthcare provider if you experience any of the following symptoms of liver complications during treatment with extended-release injectable naltrexone (Vivitrol®):

- yellowing of the whites of your eyes
- dark urine
- stomach area pain lasting more than a few days
- tiredness

5. Depressed mood.

This may lead to suicidal thoughts or behaviors. Contact your treatment team right away if you become depressed.

6. Pneumonia.

Some extended-release injectable naltrexone (Vivitrol®) recipients have contracted pneumonia caused by an allergic reaction. Tell your healthcare provider right away if you experience shortness of breath, wheezing, or coughing that does not go away.

7. Serious allergic reactions.

Serious allergic reactions can happen during or soon after an injection of extended-release injectable naltrexone (Vivitrol®). Tell your provider or seek medical help right away if you exhibit any of these symptoms of a serious allergic reaction:

- skin rash
- trouble breathing or wheezing
- feeling dizzy or faint
- swelling of your face, eyes, mouth, or tongue

8. Nausea.

Nausea may occur after your first extended-release injectable naltrexone (Vivitrol®) and

usually improves within a few days. Nausea is less likely with future injections of extended-release injectable naltrexone (Vivitrol®)

How will I receive Extended-Release Injectable Naltrexone (Vivitrol®)?

- Extended-release injectable naltrexone (Vivitrol®) is given as an injection by a healthcare provider, once a month. This injection is administered into a muscle in your buttocks using a special needle that comes with extended-release injectable naltrexone (Vivitrol®). The medication cannot be removed from the body once it is injected.
- Any time you receive medical treatment, be sure to tell the treating healthcare provider that you are receiving extended-release injectable naltrexone (Vivitrol®) and communicate the date of your most recent dose. This is important because extended-release injectable naltrexone (Vivitrol®) can block the effects of opioid-containing medications that may be prescribed for pain, cough, cold, or diarrhea.
- Carry written information with you at all times to alert healthcare providers that you are receiving extended-release injectable naltrexone (Vivitrol®) so they can treat you properly in an emergency.

Treatment Agreement

Please Initial Each Item:

_____1. I agree not to take any other medications with extended-release injectable naltrexone (Vivitrol®) without discussing it with my treatment team.

_____2. I understand that urgent situations may arise that require the prescription of opioid medications for pain. I agree to notify and discuss these situations with my treatment team immediately.

_____3. I understand that the goal of treatment with extended-release injectable naltrexone (Vivitrol®) is to decrease and/or eliminate the use of opioids and/or alcohol. Extended-release injectable naltrexone (Vivitrol®) can be used as long as necessary to promote my recovery.

_____4. I understand that I am at risk of accidental overdose if I use opioids while in treatment with, or after discontinuing, extended-release injectable naltrexone (Vivitrol®).

_____5. I understand that I may not perceive any effect if I self-administer any opioid in small doses while on extended-release injectable naltrexone (Vivitrol®). I understand that I may not experience the expected effect from opioid-containing medications, including those used to treat pain, diarrhea, or cough.

_____6. I understand that administration of any opioid while on extended-release injectable naltrexone (Vivitrol®) may lead to serious injury, coma, or death.

_____7. I understand that overdose deaths have occurred in cases where patients have tried to override the blocking action of extended-release injectable naltrexone (Vivitrol®) with larger doses of opioids (even at doses previously tolerated).

_____8. I understand that a reaction at the site of extended-release injectable naltrexone (Vivitrol®) injection may occur. I should seek medical attention for skin reactions.

_____9. I understand that I must stop all opioid use prior to receiving extended-release injectable naltrexone (Vivitrol®). Failure to allow sufficient withdrawal time prior to receiving extended-release injectable naltrexone (Vivitrol®) may result in precipitation of opioid withdrawal.

_____10. I understand I should inform my treatment team of any recent alcohol or substance use prior to extended-release injectable naltrexone (Vivitrol®).

_____11. I understand that extended-release injectable naltrexone (Vivitrol®) may cause liver injury, and I need to notify my healthcare provider if I develop symptoms of liver disease.

_____12. I understand that I may experience depression while taking extended-release injectable naltrexone (Vivitrol®), and I need to notify my treatment team if I develop symptoms of depression.

_____13. I understand that I may experience nausea/vomiting following the initial injection of extended-release injectable naltrexone (Vivitrol®). Episodes of nausea tend to be mild and subside within a few days post-injection. Nausea is less likely with subsequent injections.

_____14. I understand other side effects may include muscle cramps, drowsiness/sedation, difficulty sleeping, change or decrease in appetite, joint pain, headache, and toothache.

_____15. I understand that extended-release injectable naltrexone (Vivitrol®) should be avoided in individuals with acute hepatitis or liver failure, fulminant AIDS, opioid-positive drug screens, or a history of allergic reaction to naltrexone.

_____16. I understand that extended-release injectable naltrexone (Vivitrol®) cannot be removed from my body once injected.

_____17. I understand that I need to carry documentation alerting medical providers that I am receiving extended-release injectable naltrexone (Vivitrol®) in case I require emergency medical care.

_____18. I agree to use the Carolina Family Health Center pharmacy to facilitate the process of obtaining my medication, either through billing my insurance or by participating in the patient assistance program offered by the drug manufacturer. If I am uninsured, I agree to provide all documentation required to apply for the patient assistance program and maintain ongoing enrollment. Failure to do so will result in a lapse in treatment.

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_____19. I have been informed that if I have an opioid use disorder, I will be given a prescription for Narcan® nasal spray, which is an emergency medication that is used to reverse opioid overdose, and instructed on its proper use.

_____20. I am aware I will be seen by a licensed behavioral health clinician at each of my appointments for substance use counseling. I understand this is a requirement of the program.

_____21. I agree that I will behave in a respectful and courteous manner at all times while present in the office. I understand that rude or threatening behavior towards any staff member is grounds for immediate dismissal from the treatment program

I have read and understand all the information about extended-release injectable naltrexone (Vivitrol®) treatment. I have received answers to any questions I have. I agree that I am responsible for abiding by these instructions. I wish to be treated with extended-release injectable naltrexone (Vivitrol®).

Patient Signature _____ Date _____

I, the Provider, have reviewed Vivitrol® risks and side effects with the patient.

Provider Signature _____ Date _____

One copy of this form is given to the patient after signing; the original copy is scanned into the patient's chart.