WESTBROOK
Health Services
Community Focused. People Driven.

Client Name _____ Client ID _____

Patient Counseling and Information

Physicians should include the following issues and discussions with patients for whom they prescribe VIVITROL®:

1. Advise patients that if they previously used opioids, the fact that they have completed detoxification means that in the future they will be more sensitive to lower doses of opioids and at risk of accidental overdose should they use opioids when the next dose is due if they miss a dose or after VIVITROL® treatment is discontinued. It is important that medical nursing staff advised the rest of this and for all care team members to remind patient of this and to have them in form family members and the people closest to the patient of this increased sensitivity to opioids and the risk of overdose.

2. Advise patients that because VIVITROL® can block the effects of opioids patients will not perceive any effect if they attempt to self-administer heroin or any other opioid drug in small doses while on VIVITROL®. Further, emphasize that administration of large doses of heroin or any other opioid to try to bypass the blockade and get a high while on Vivitrol may lead to a serious injury, coma, or death.

3. Patients on VIVITROL® may not experience the expected effects from opioid containing analgesic, antidiarrheal or antitussive medications.

4. Advise patients that a reaction at the site of VIVITROL® injection may occur. Reactions include pain, tenderness, induration, swelling, erythema, bruising or pruritus. Serious injection site reactions including necrosis may occur. Some of these injection site reactions have required surgery. Patients should receive their injection from a healthcare provider qualified to administer the injection. Patients should be advised to seek medical attention for worsening skin reactions.

5. Advise patients that they should be off all opioids, including opioid-containing medicines, for a minimum of 7-10 days before starting VIVITROL® to avoid precipitation of opioid withdrawal. Patients transitioning from buprenorphine or methadone may be vulnerable to precipitation of withdrawal symptoms for as long as two weeks. Ensure that patients understand that withdrawal precipitated by administration of opioid antagonist may be severe enough to require hospitalization if they have not been opioid-free for an adequate period and is worse than the experience of spontaneous withdrawal that occurs with discontinuation of opioid in a dependent individual.

6. Advise patients that they absolutely must not take VIVITROL® if they still have any symptoms of opioid withdrawal. Advise all patients, including those with alcohol dependence, that is imperative to notify healthcare providers of any recent use of opioids or any history of opioid dependence before starting VIVITROL® to avoid precipitation of opioid withdrawal.

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7. Advise patients that VIVITROL® may cause liver injury. Patients should immediately notify their physician if they develop symptoms and/or signs of liver disease, such as abdominal pain, or yellowing in the skin or white of the eyes.

8. Advise patients that they may experience depression while taking VIVITROL®. It is important that all patients inform family members and the people closest to the patient that they are taking Vivitrol and that they should call a doctor right away should they become depressed or experience symptoms of depression.

9. Advise patients to carry documentation to alert medical personnel to the fact that they are taking VIVITROL®. This is to help ensure that the patient has obtained adequate medical treatment in an emergency.

10. Advise patients that VIVITROL® may cause allergic pneumonia. Patients should immediately notify their physician if they develop signs and symptoms of pneumonia, including dyspnea, coughing, or wheezing.

11. Advise patients that they should not take VIVITROL® if they are allergic to VIVITROL® or any of the microsphere or diluent components.

12. Advise patients that they may experience nausea following the initial injection of VIVITROL®. These episodes of nausea tend to be mild and subside within a few days post-injection. Patients should be advised that they may also experience tiredness, headache, vomiting, decreased appetite, painful joints, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite or other appetite disorders and muscle cramps.

13. Advise patients that because VIVITROL® is an intramuscular injection and not an implanted device, once Vivitrol is injected, it is not possible to remove it from the body and the effect lasts for at least 30 days.

14. Advise patients that VIVITROL® has been shown to treat alcohol and opioid dependence only when used as part of a treatment program that includes counseling and support.

15. Advise patients that dizziness may occur with VIVITROL® treatment, and they should avoid driving or operating heavy machinery until they have determined how VIVITROL® affects them.

16. Advise patients to notify their physician if they: Become pregnant or intend to become pregnant during treatment with VIVITROL®: are breastfeeding; experiencing respiratory symptoms such as dyspnea, coughing, or wheezing when taking VIVITROL®, experience any allergic reactions when taking VIVITROL® or experience other unusual or significant side effects while on VIVITROL®.

Client Signature _____ Date _____

Nurse Signature _____ Date _____