

## VIVITROL PILOT PROGRAM CONSENT TO PARTICIPATE

If I have previously used opioids, I may be more sensitive to lower doses of opioids and at risk of accidental overdose should I use opioids after VIVITROL treatment is discontinued. I understand it is important that I inform family members and the people closest to me of this increased sensitivity to opioids and the risk of overdose.

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

I understand 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. I will seek medical attention for worsening skin reactions.

I understand that I should be off all opioids, including opioid-containing medicines, for a minimum of 7 – 10 days before starting VIVITROL in order to avoid precipitation of opioid withdrawal. I understand that withdrawal precipitated by administration of an opioid antagonist may be severe enough to require hospitalization.

I understand VIVITROL may cause liver injury. Patients should immediately notify their physician if they develop symptoms and/or signs of liver disease.

I understand that I may experience depression while taking VIVITROL. It is important that I inform family members and the people closest to me that I am taking VIVITROL and that I should call a doctor right away should I become depressed or experience symptoms of depression.

I understand that I should carry documentation to alert medical personnel to the fact that I am taking VIVITROL (naltrexone for extended-release injectable suspension). This will help to ensure that I obtain adequate medical treatment in an emergency. I understand this documentation will be provided to me at the time of my first injection.

I understand VIVITROL may cause an allergic pneumonia. I should immediately notify my physician if I develop signs and symptoms of pneumonia, including dyspnea, coughing, or wheezing.

I understand I 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. I am less likely to experience nausea in subsequent injections. I may also experience tiredness, headache, vomiting, decreased appetite, painful joints and muscle cramps.

I understand VIVITROL has been shown to treat alcohol and opioid dependence only when used as part of a treatment program that includes counseling and support. I will continue to participate in the support treatment after my release.

I understand that dizziness may occur with VIVITROL treatment, and I should avoid driving or operating heavy machinery until I have determined how VIVITROL affects me.

I should notify my physician if I:

- become pregnant or intend to become pregnant during treatment with VIVITROL.
- experience respiratory symptoms such as dyspnea, coughing, or wheezing when taking VIVITROL.
- experience any allergic reactions when taking VIVITROL.
- experience other unusual or significant side effects while on VIVITROL therapy.

**By signing below,**

- ❖ **I certify that I have read, or have had read to me all of the information indicated above, and that I understand all of the side effects, as well as my obligations, in regards to taking Vivitrol.**
- ❖ **I voluntarily consent to take Vivitrol as part of my treatment for opiate dependence.**
- ❖ **I voluntarily agree to ongoing opiate abuse counseling and treatment as part of the Vivitrol treatment program.**

OFFENDER NAME (First, Middle, Last – print clearly or type)	DOC #	SID#
OFFENDER SIGNATURE	DATE SIGNED	
AGENT SIGNATURE	DATE SIGNED	