

FORBES PHARMACY VIVITROL REFERRAL

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In order to initiate Vivitrol treatment, please send a valid prescription to Forbes Pharmacy along with a completed referral form.

REFERRAL SOURCE

Name/Title of Person Completing Form:

Date:

PATIENT INFORMATION

Last Name:	First Name:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Facility:
Address:		City:	State:	ZIP:
Cell Phone:	Home Phone:	Room/Unit Number (Inpatient):		
Emergency Contact:		Phone Number:		

INJECTION PLAN

<input type="checkbox"/> Outpatient Injection	<input type="checkbox"/> CPCDS <input type="checkbox"/> Magee <input type="checkbox"/> Mercy <input type="checkbox"/> NATP <input type="checkbox"/> Other _____ Clinic Contact (Name & Phone Number) _____ Clinic Address: _____
<input type="checkbox"/> One-Time Discharge Injection	Location _____ Follow-Up Clinic (Name & Phone Number) _____

CLINICAL INFORMATION - please include applicable clinical chart notes

Has the patient been treated with Vivitrol in the past? <input type="checkbox"/> NO <input type="checkbox"/> YES - Date of Last Injection:	
If this is the patient's first Vivitrol injection, have they tolerated oral naltrexone? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	
Allergies:	
Baseline LFTs (AST/ALT) if available:	Scheduled Injection Date:
Current Medications (please list or include updated medication list with this form):	
ICD-10 Codes: <input type="checkbox"/> F11.20 Opioid Dependence, uncomplicated <input type="checkbox"/> F11.21 Opioid Dependence, in remission <input type="checkbox"/> F10.20 Alcohol Dependence, uncomplicated <input type="checkbox"/> F10.21 Alcohol Dependence, in remission <input type="checkbox"/> Other, please list:	
Would you like Forbes Pharmacy to dispense naloxone to this patient at this time? <input type="checkbox"/> NO <input type="checkbox"/> YES	

PRESCRIPTION INFORMATION

Please send an electronic prescription to UPMC Forbes Pharmacy (3501 Forbes Ave, Oxford Building, Room 756)

The recommended dose of VIVITROL is 380 mg delivered intramuscularly (deep) as a gluteal injection, every 4 weeks or once a month, alternating buttocks for each subsequent injection, using the carton components provided. Please see the VIVITROL Full Prescribing Information, including Boxed Warning, at vivitrolhcp.com

WARNINGS & PRECAUTIONS

- Vulnerability to Opioid Overdose:** Following VIVITROL treatment opioid tolerance is reduced from pretreatment baseline, and patients are vulnerable to potentially fatal overdose at the end of a dosing interval, after missing a dose, or after discontinuing VIVITROL treatment. Attempts to overcome blockade may also lead to fatal overdose.
- Injection Site Reactions:** VIVITROL must be prepared and administered by a healthcare provider. In some cases, injection site reactions may be very severe.
- Precipitation of Opioid Withdrawal:** Opioid-dependent and opioid-using patients, including those being treated for alcohol dependence, should be opioid-free before starting VIVITROL treatment, and should notify healthcare providers of any recent opioid use. An opioid-free duration of a minimum of 7-10 days is recommended for patients to avoid precipitation of opioid withdrawal that may be severe enough to require hospitalization.
- Hepatotoxicity:** Cases of hepatitis and clinically significant liver dysfunction were observed in association with VIVITROL treatment during the clinical development program and in the post marketing period. Discontinue use of VIVITROL in the event of symptoms or signs of acute hepatitis