

Provider Locator Agreement



Vivitrol[®]
(naltrexone for extended-release injectable suspension) 380 mg/vial

TERMS OF PARTICIPATION

Your name, address and other information that you provide to us will be used by Alkermes, Inc. ("Alkermes") and the companies working with Alkermes to provide VIVITROL[®] (naltrexone for extended-release injectable suspension) patient services, pursuant to which your information may be made available to other Healthcare Providers, patients, and consumers who wish to access your services. The Provider Locator lists four types of Healthcare Providers: Opioid Detoxification for Induction onto VIVITROL Provider, VIVITROL Prescriber, VIVITROL Injection Provider, and Psychosocial Counseling Provider. A Healthcare Provider may be able to provide more than one of these services. To be included in the VIVITROL Provider Locator as one or more of these types of Healthcare Providers, you must be validly licensed (as required by state or federal law) and meet all of the criteria of the applicable Healthcare Provider type(s): **Opioid Detoxification for Induction onto VIVITROL Provider:** (A) Experienced in opioid detoxification for induction onto VIVITROL or medically supervised withdrawal to an opioid-free state for induction onto VIVITROL (B) Accepting new patients, provided they meet the requirements of the Healthcare Provider's practice (C) If and as necessary, willing and able to refer patients to other Healthcare Providers for injection of VIVITROL and/or the provision of psychosocial services. **VIVITROL Prescriber:** (A) Able and willing to write prescriptions for VIVITROL (B) Experienced in prescribing VIVITROL for the treatment of alcohol and/or opioid dependence (C) Accepting new patients, provided they meet the requirements of the Healthcare Provider's practice (D) If and as necessary, willing and able to refer patients to other Healthcare Providers for opioid detox for induction onto VIVITROL, injection of VIVITROL, and/or the provision of psychosocial services. **VIVITROL Injection Provider:** (A) Experienced in reconstituting and injecting VIVITROL in accordance with the FDA-approved product labeling (B) Accepting patient referrals for injection of VIVITROL, provided they meet the requirements of the Healthcare Provider's practice (C) If and as necessary, willing and able to refer patients to other Healthcare Providers for the provision of opioid detoxification and/or psychosocial services. **Psychosocial Counseling Provider:** (A) Experienced in providing psychosocial support to patients treated with VIVITROL (B) Willing to accept patient referrals for the provision of psychosocial support to patients treated with VIVITROL, provided they meet the requirements of the Healthcare Provider's practice.

You acknowledge that you have received, read and understood the full Prescribing Information for VIVITROL, including the directions for administration and use of the product. You are fully and solely responsible for the quality of care to be provided at your site of care.

We may contact you by e-mail, postal mail or telephone to verify and update your profile, notify you as to any changes in eligibility criteria, and assess your continued eligibility for the Provider Locator.

Alkermes will not share your information with anyone else except as described above or as required by law. Inclusion of your name and organizational information as part of our Vivitrol2gether[®] Patient Support Services does not represent, and will not necessarily result in, any endorsement, referral or recommendation by Alkermes or Vivitrol2gether Patient Support Services and your agreement to be listed in the Provider Locator shall not be construed as an inducement or encouragement for the referral of patients or use of particular products. If you want to stop receiving this information, you may ask us to remove you from our contact list by calling Vivitrol2gether Patient Support Services at 1-800-VIVITROL (1-800-848-4876).

PRIMARY FACILITY

INPATIENT

Treatment Center Inpatient Hospital Detox Facility Psychiatric Hospital Other (specify): _____

OUTPATIENT

Private Practice Group Practice Hospital Outpatient Department Intensive Outpatient Program (IOP) Injection Clinic Clinic

Community Mental Health Center (CMHC) Partial Hospitalization Program (PHP) Federally Qualified Healthcare Center (FQHC)

Other (specify): _____

Name of Primary Practice/Facility _____

Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Facility Website _____ DEA # _____ NPI # _____ ME # _____

Email _____ Best time to call _____

VIVITROL-related List of Services Offered (Check all that apply. See the terms of participation above.)

Opioid Detox for Induction onto VIVITROL VIVITROL Prescriber VIVITROL Injection for Your Patients

VIVITROL Injection for Other Practices Counseling

Hours that site is available for providing injections: M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

Does this facility treat: Alcohol Dependence Opioid Dependence Both

Accepted Insurance types: Most private health plans, most public health plans Most private health plans, no public health plans

Most public health plans, no private health plans Limited health plan network, please contact office for info

PRIMARY PROVIDER

Name of primary provider at the above facility _____

Does the primary provider at this facility also have a secondary facility? Yes No (If yes, please complete side 2 of this form.)

Are there secondary providers at the above facility? Yes No (If yes, please complete side 2 of this form.)

By signing the below, I hereby certify that I have read, understood and agree to comply with the terms of participation set forth above.

If at any time Alkermes determines the applicable Healthcare Provider criteria are not met, Alkermes may remove my name and related facilities from this program. The undersigned is the above-named provider, or if I am signing on behalf of a facility, I certify that I am authorized to do so.

Name/Title (please print) _____

 Signature _____ Date of Signature _____

Alkermes reserves the right to alter or discontinue this program at our discretion.

For additional providers and additional facilities, please see page 2 for more information.

PLEASE SEE IMPORTANT SAFETY INFORMATION ON PAGE 3. PLEASE SEE PRESCRIBING INFORMATION AND MEDICATION GUIDE, OR VISIT VIVITROL.COM. PLEASE REVIEW MEDICATION GUIDE WITH PATIENTS.

ADDITIONAL PROVIDER AND FACILITY INFORMATION:

ADDITIONAL FACILITY

INPATIENT

Treatment Center Inpatient Hospital Detox Facility Psychiatric Hospital Other (specify): _____

OUTPATIENT

Private Practice Group Practice Hospital Outpatient Department Intensive Outpatient Program (IOP) Injection Clinic Clinic

Community Mental Health Center (CMHC) Partial Hospitalization Program (PHP) Federally Qualified Healthcare Center (FQHC)

Other (specify): _____

Name of Primary Practice/Facility _____

Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Facility Website _____ DEA # _____ NPI # _____ ME # _____

Email _____ Best time to call _____

VIVITROL-related List of Services Offered (check all that apply)

Opioid Detox for Induction onto VIVITROL VIVITROL Prescriber VIVITROL Injection for Your Patients

VIVITROL Injection for Other Practices Counseling

Hours that site is available for providing injections: M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

Do you have experience injecting VIVITROL? Yes No Will you accept buy and bill? Yes No

Does this facility treat: Alcohol Dependence Opioid Dependence Both

Is your practice accepting new patients for alcohol and opioid dependence treatment? Yes No

ADDITIONAL PROVIDER 1

Name of secondary provider _____

Facility name of secondary provider _____

By signing the below, I hereby certify that I have read, understood and agree to comply with the terms of participation set forth above. The undersigned is the above-named provider, or if I am signing on behalf of a facility, I certify that I am authorized to do so.

Name/Title (please print) _____

 Signature _____ Date of Signature _____


ADDITIONAL PROVIDER 2

Name of secondary provider _____

Facility name of secondary provider _____

By signing the below, I hereby certify that I have read, understood and agree to comply with the terms of participation set forth above. The undersigned is the above-named provider, or if I am signing on behalf of a facility, I certify that I am authorized to do so.

Name/Title (please print) _____

 Signature _____ Date of Signature _____

 Please return this form via fax to: 1-781-207-8540 or call 1-800-848-4876 with any questions.

PLEASE SEE IMPORTANT SAFETY INFORMATION ON PAGE 3. PLEASE SEE PRESCRIBING INFORMATION AND MEDICATION GUIDE, OR VISIT VIVITROL.COM. PLEASE REVIEW MEDICATION GUIDE WITH PATIENTS.

IMPORTANT SAFETY INFORMATION FOR VIVITROL[®] (NALTREXONE FOR EXTENDED-RELEASE INJECTABLE SUSPENSION)

INDICATIONS

VIVITROL is indicated for:

- The treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with VIVITROL. Patients should not be actively drinking at the time of initial VIVITROL administration.
- The prevention of relapse to opioid dependence, following opioid detoxification.

VIVITROL should be part of a comprehensive management program that includes psychosocial support.

IMPORTANT SAFETY INFORMATION

VIVITROL is contraindicated in patients:

- Receiving opioid analgesics
- With current physiologic opioid dependence or in acute opioid withdrawal
- Who have failed the naloxone challenge test or have a positive urine screen for opioids
- Who have exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent

Vulnerability to Opioid Overdose:

- After opioid detoxification, patients are likely to have a reduced tolerance to opioids. VIVITROL blocks the effects of exogenous opioids for approximately 28 days after administration. As the blockade wanes and eventually dissipates completely, use of previously tolerated doses of opioids could result in potentially life-threatening opioid intoxication (respiratory compromise or arrest, circulatory collapse, etc.). Cases of opioid overdose with fatal outcomes have been reported in patients who used opioids at the end of a dosing interval, after missing a scheduled dose, or after discontinuing treatment.
- Patients and caregivers should be told of this increased sensitivity to opioids and the risk of overdose.
- Although VIVITROL is a potent antagonist with a prolonged pharmacological effect, the blockade produced by VIVITROL is surmountable. The plasma concentration of exogenous opioids attained immediately following their acute administration may be sufficient to overcome the competitive receptor blockade. This poses a potential risk to individuals who attempt, on their own, to overcome the blockade by administering large amounts of exogenous opioids.
- Any attempt by a patient to overcome the VIVITROL blockade by taking opioids may lead to fatal overdose. Patients should be told of the serious consequences of trying to overcome the opioid blockade.
- Discuss the availability of naloxone for the emergency treatment of opioid overdose with the patient and caregiver, at the initial VIVITROL injection and with each subsequent injection. Strongly consider prescribing naloxone for the emergency treatment of opioid overdose.

Injection Site Reactions:

- VIVITROL must be prepared and administered by a healthcare provider and must **ONLY** be administered as a deep intramuscular gluteal injection.
- Inadvertent subcutaneous/adipose layer injection of VIVITROL may increase the likelihood of severe injection site reactions. Select proper needle size for patient body habitus and use only the needles provided in the carton.
- VIVITROL injections may be followed by pain, tenderness, induration, swelling, erythema, bruising, or pruritus; however, in some cases injection site reactions may be very severe.
- Injection site reactions not improving may require prompt medical attention, including, in some cases, surgical intervention.
- In the clinical trials, one patient developed an area of induration that continued to enlarge after 4 weeks, with subsequent development of necrotic tissue that required surgical excision.
- Patients should be informed that any concerning injection site reactions should be brought to the attention of their healthcare provider.

Precipitation of Opioid Withdrawal:

- When withdrawal is precipitated abruptly by administration of an opioid antagonist to a patient with opioid dependence, the resulting withdrawal syndrome can be severe. Some cases have been severe enough to require hospitalization and/or management in the ICU.

- An opioid-free interval of a minimum of 7-10 days is recommended for patients previously dependent on short-acting opioids.
- Patients transitioning from buprenorphine or methadone may be vulnerable to precipitated withdrawal for as long as 2 weeks.

- If a more rapid transition from agonist to antagonist therapy is deemed necessary and appropriate by the healthcare provider, monitor the patient closely in an appropriate medical setting where precipitated withdrawal can be managed.
- Patients should be made aware of the risk associated with precipitated withdrawal and be encouraged to give an accurate account of last opioid use, as precipitated opioid withdrawal has been observed in patients with alcohol dependence in circumstances where the prescriber had been unaware of the additional use of opioids or co-dependence on opioids.

Hepatotoxicity:

- Cases of hepatitis and clinically significant liver dysfunction have been observed in association with VIVITROL. Warn patients of the risk of hepatic injury and advise them to seek help if experiencing symptoms of acute hepatitis. Discontinue VIVITROL in patients who exhibit signs and symptoms of acute hepatitis.

Depression and Suicidality:

- Patients with alcohol dependence or opioid dependence taking VIVITROL should be monitored for depression or suicidal thoughts. Alert families and caregivers to monitor and report the emergence of symptoms of depression or suicidality.

When Reversal of VIVITROL Blockade Is Required for Pain Management:

- For VIVITROL patients in emergency situations, suggestions for pain management include regional analgesia or use of non-opioid analgesics. If opioid therapy is required to reverse the VIVITROL blockade, patients should be closely monitored by trained personnel in a setting staffed and equipped for CPR.

Eosinophilic Pneumonia:

- Patients who develop dyspnea and hypoxemia should seek medical attention immediately. Consider the possibility of eosinophilic pneumonia in patients who do not respond to antibiotics.

Hypersensitivity Reactions including Anaphylaxis:

- Patients should be warned of the risk of hypersensitivity reactions, including anaphylaxis, and should be advised to seek immediate medical attention in a healthcare setting prepared to treat anaphylaxis should a hypersensitivity reaction occur. The patient should not receive any further treatment with VIVITROL.

Intramuscular Injections:

- As with any intramuscular injection, VIVITROL should be administered with caution to patients with thrombocytopenia or any coagulation disorder.

Alcohol Withdrawal:

- Use of VIVITROL does not eliminate nor diminish alcohol withdrawal symptoms.

Interference with Laboratory Tests:

- VIVITROL may be cross-reactive with certain immunoassay methods for the detection of drugs of abuse (specifically opioids) in urine. For further information, reference to the specific immunoassay instructions is recommended.

ADVERSE REACTIONS

- The adverse events seen most frequently in association with VIVITROL therapy for alcohol dependence (occurring in $\geq 5\%$ and at least twice as frequently with VIVITROL than placebo) include nausea, vomiting, injection site reactions (including induration, pruritus, nodules, and swelling), arthralgia, arthritis, or joint stiffness, muscle cramps, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite or other appetite disorders.
- The adverse events seen most frequently in association with VIVITROL in patients with opioid dependence (occurring in $\geq 2\%$ and at least twice as frequently with VIVITROL than placebo) include hepatic enzyme abnormalities, injection site pain, nasopharyngitis, insomnia, and toothache.

You are encouraged to report side effects to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

PLEASE SEE ACCOMPANYING PRESCRIBING INFORMATION AND MEDICATION GUIDE. REVIEW THE MEDICATION GUIDE WITH YOUR PATIENTS.



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