

HEARTLAND ALLIANCE HEALTH

HEARTLAND HEALTH OUTREACH, INC

Supportive Treatment for Addiction and Recovery (STAR)

Policies and Procedures for Medications for Addiction Treatment at Heartland Alliance Health

Updated October 2019

Acronyms/Definitions:

AODC: Alcohol and Other Drug Counselors are certified to provide addiction-related counseling services.

BH: Behavioral Health- the Behavioral Health team includes LCSW/LCPCs, AODCs, and Peer Recovery Support Specialists/Recovery Coaches

HAH: Heartland Alliance Health- An FQHC (330H) that services people experiencing homelessness in Chicago, IL

LCSW/LCPC: Licensed Clinical Social Worker/Licensed Clinical Professional Counselors

MA: Medical Assistants room patients, complete vital signs, complete all screening questions in Centricity and schedule follow up visits

Medical Provider: Includes physicians, nurse practitioners, physician assistants

MAT: Medication for Addiction Treatment

STAR: Supportive Treatment for Addiction and Recovery- This HAH team includes all members providing substance use disorder treatment, including counseling, therapy, group sessions, and medication management and monitoring.

Appendix 4- Injectable XR Naltrexone (Vivitrol) Agreement

Goal of Treatment: Treatment of Opioid Use Disorder or Alcohol Use Disorder.

___ I understand that there are 3 FDA-approved medicines for opioid use disorder: methadone, buprenorphine (Suboxone), and Vivitrol. They all work in slightly different ways and the available medical evidence suggests that there are better outcomes associated with methadone and buprenorphine.

___ I have been given the Vivitrol safety handout and have read it and all questions have been answered.

___ I confirm that I have not used any opioids in more than 10 days. I have not used buprenorphine or methadone in more than 2 weeks. I understand that Vivitrol works by binding to the same centers in the brain as opioids (heroin, methadone, other opioid pain medications) and lasts for 28 days. If I have used any opioids in the past 7-10 days, getting this injection will make me sick (precipitated withdrawal). Longer-acting opioids like methadone and buprenorphine often take two weeks to clear from the body. I understand that sometimes the withdrawal caused by Vivitrol can be so severe it can require hospitalization (it is much more severe withdrawal than what occurs naturally)

___ I understand that if I use small doses of opioids for any reason during the 28 days that Vivitrol is active, they will not have any effect. If I take a high dose of opioids (heroin or other opioid pain medications) to try to bypass the Vivitrol, it may lead to coma or death.

___ I understand that it is important for me to let any doctors or dentists know I am receiving this medication so they can give me non-opioid pain medications. Opioid pain medications will not be effective during the 28 days after my injection. Opioid-containing medications for cough or diarrhea will also not be effective during this period.

___ I understand that my tolerance for opioids goes down significantly after a period of no opioids in my body. If I do use opioids at the end of the 28 day period, I need to use a significantly smaller amount to reduce risk of overdose. I understand that I am also receiving a prescription for naloxone today. This is a medication that is used to reverse an opioid overdose. I will let friends and family members know I have this medication and will share the handout I am receiving today on how to give it.

___ I understand that while on Vivitrol, I am still able to overdose on other drugs, including but not limited to benzodiazepines, alcohol, cocaine.

___ I understand that Vivitrol is only half the treatment, the other half being therapy. I agree that I will work on a treatment plan with the HHO team and will participate in some type of additional behavioral therapy.

___ I understand that there is a risk for a reaction at the site of the Vivitrol injection. Reactions can include pain, tenderness, induration, swelling, redness, bruising or itching. More serious site reactions can include skin and tissue necrosis. There are reports of site reactions requiring surgery. If I have any site reaction, I will be sure to let a medical professional know right away to avoid any long-term complications and so I can receive any necessary treatment immediately.

___ I understand that Vivitrol can cause liver injury. My provider will check my liver function (blood test) before starting therapy and every 3-6 months thereafter. I will let my provider know if I develop any signs of liver injury: yellow skin, itchy skin, very dark urine

_____ I understand that some people on Vivitrol experience depression while taking this medication. I understand that I need to let friends and family know that I'm taking this medication and tell them to call a medical provider right away if I become depressed or experience symptoms of depression.

_____ I understand that Vivitrol can cause an allergic pneumonia (lung infection). I will immediately notify my provider if I develop signs or symptoms of pneumonia, including difficulty breathing, coughing or wheezing.

_____ I understand I should not take Vivitrol if I've been told I'm allergic to Vivitrol.

_____ I understand I may feel nausea after the Vivitrol injection. This is usually mild and will go away within a few days of the injection. The nausea is less likely after future injections. I may also experience tiredness, headache, vomiting, decreased appetite, painful joints and muscle cramps.

_____ I understand that because Vivitrol is an injection, once it is injected, it is not possible to remove it from the body.

_____ I understand that Vivitrol makes some people feel dizzy. I will not drive or operate heavy machinery until I understand how Vivitrol affects me.

_____ If applicable, I will alert my provider immediately if I become pregnant or intend to become pregnant while on treatment with Vivitrol, am breastfeeding, experience any breathing symptoms while taking Vivitrol, experience any allergic reactions while taking Vivitrol, experience any other unusual side effects while taking Vivitrol.

_____ I understand I can receive a wallet card or medical alert bracelet from: 1-800-848-4876, Option #1.

_____ It is my responsibility to make and keep my appointments with my medical provider. I understand not doing so may cause there to be a delay in me being able to get my next injection.

_____ It is my responsibility to make sure I keep my insurance active.

I have read and understand this agreement. A copy of this agreement has been given to me. A copy will remain in my medical record.

Participant signature _____ Date: [DATE]

Staff signature _____ Date: [DATE]