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Vivitrol® (naltrexone) Order Form/Protocol
Epic Referral: REF115164

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Prior to initiation of Vivitrol:

- Patient must be opioid free for 7-10 days prior to initiation, including tramadol
- Liver function panel at baseline – may draw onsite
- Urine pregnancy test if patient is female and child bearing age – may perform onsite
- Urine drug screening – may perform onsite
- EtOH level – may draw onsite (cross off if you don't want drawn)

While on Vivitrol:

- Liver function panel every 3 months – may draw onsite

Rx:

Naltrexone (Vivitrol) 380 mg IM injection every 4 weeks.

- Allow drug to warm to room temperature prior to administration (~45 minutes)

Order is good for: 1 year 6 months Other Duration _____

Provider acknowledgement

By signing this order, I acknowledge the following:

I acknowledge that it is my responsibility to evaluate the patient for depression and/or suicidal ideation. It is also my responsibility to ensure the patient is receiving any additional treatment needed for their condition such as therapy and behavioral support programs.

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____