FAX COMPLETED FORM TO: 1-877-329-8484

PLEASE COMPLETE ALL FIELDS TO AVOID PROCESSING DELAYS

TOUCHPOINTS PHONE: 1-800-848-4876

TP ID# (TOUCHPOINTS USE ONLY):_____

PRESCRIBER INFORMATION

Prescriber Name*

Prescriber Tax ID # | DEA #

State License # | NPI #

Prescriber Phone # | Fax #

Facility Name

Address

City | State | Zip Code

Staff Contact Name

Staff Contact Phone # | Staff Contact E-mail

PATIENT INFORMATION

Name (First) (Last)

Date of Birth | Gender ☐ Male ☐ Female

Address

City | State | Zip Code

Home Phone # | Mobile Phone #

Best Day to Call ☐ M ☐ T ☐ W ☐ TH ☐ F

Best Time to Call ☐ Morning ☐ Afternoon ☐ Evening

Email Address

INSTRUCT PATIENT TO LIST ALTERNATE DESIGNEE OR CONTACTS ON PAGE 2.

PATIENT DIAGNOSIS–Please check all that apply (See page 3 for Diagnosis Code Descriptions)

Alcohol Dependence		Opioid Dependence		
☐ 303.00	☐ 303.91	☐ 304.00	☐ 304.03	☐ 304.72
☐ 303.01	☐ 303.92	☐ 304.01	☐ 304.70	☐ 304.73
☐ 303.90	☐ 303.93	☐ 304.02	☐ 304.71	☐ Other _____

Patient has tried and failed the following medication(s):

Please list any known allergies to medications or other substances:

INJECTION PROVIDER INFORMATION

Will your office/facility be injecting VIVITROL?

☐ Yes, ALL doses

☐ No, please locate an Injection Provider or refer to Provider below

Provider Name

Provider Address

Provider Phone #

Preferred specialty pharmacy (if applicable)

Special shipping instructions/restrictions

PATIENT INSURANCE INFORMATION

Payment Method ☐ Insured ☐ Paying out-of-pocket

ATTACH A COPY OF BOTH SIDES OF THE PATIENT'S INSURANCE CARD(S).

IF NOT AVAILABLE, COMPLETE SECTION BELOW.

PRIMARY INSURANCE

Insurance Type ☐ HMO ☐ PPO ☐ Medicaid ☐ Medicare

Carrier Name

Policyholder Name

Relationship to Patient | Carrier Phone #

Policyholder Employer Name

Policy # | Group ID #

PHARMACY BENEFIT PLAN (PBM)

PBM Name

Policyholder Name

Relationship to Patient | PBM Phone #

Policyholder Employer Name

Policy # | Group ID #

Rx BIN #

PRESCRIPTION INFORMATION

Patient Name | Date

VIVITROL 380 mg x 1 unit Inject 380 mg IM q4 weeks or q1 month | Provider State License #

Refill _____ times

PROVIDER ATTESTATION

* Prescriber signature must be the same as the prescriber name above

Prescriber's Signature | Date of Signature

By signing above, I verify that the information provided in this Touchpoints enrollment form is complete and accurate to the best of my knowledge. I understand that Alkermes reserves the right at any time and for any reason, without notice, to modify this Touchpoints enrollment form or to modify or discontinue any services or assistance provided through Touchpoints. Finally, I authorize Alkermes, United BioSource Corporation, Armada Health Care, LLC, and OPUS Health as my designated agents to use and disclose my patient's health information as necessary to verify the accuracy of any information provided, to provide reimbursement services through Touchpoints, to forward the above prescription, by fax or other mode of delivery, to a pharmacy for fulfillment, and (as applicable) to assess my patient's eligibility for co-pay assistance.

PLEASE SEE IMPORTANT SAFETY INFORMATION ON PAGE 4. PLEASE SEE PRESCRIBING INFORMATION AND MEDICATION GUIDE, OR VISIT VIVITROL.COM. PLEASE REVIEW MEDICATION GUIDE WITH PATIENTS.

Vivitrol®
(naltrexone for extended-release injectable suspension)

PATIENT REPRESENTATIVE

By signing below, I authorize my Designee(s), listed below, to receive administrative information related to my treatment, such as appointment reminders, and to make decisions on my behalf—for which I will remain liable—regarding delivery of VIVITROL® (naltrexone for extended-release injectable suspension). Alkermes is not liable for any decision(s) made by the Designee(s) or actions taken in reliance on such Designee(s) decisions.

Please list any Designees authorized to receive administrative information related to my treatment:

Designee Name (1)	Relationship	Phone #
Designee Name (2)	Relationship	Phone #

Patient's Signature		Date of Signature	

PATIENT AUTHORIZATION FOR USE/DISCLOSURE OF HEALTH INFORMATION

By signing below, **I authorize**: **1.** my prescribing physician, **2.** the healthcare provider designated to administer VIVITROL to me ("Administering HCP"), **3.** one or more network specialty pharmacies†, Cardinal 3PL, United BioSource Corporation, Intouch Solutions, OPUS Health, Armada Health Care, LLC, and **4.** Alkermes **to use and disclose** to each other and to my Designee(s), listed above, my medical or other information set forth on the first page of this form, including information about my treatment with VIVITROL (taken together, "Information") **for the specific purposes** of: **1.** ordering, delivering, and administering VIVITROL, **2.** conducting reimbursement verification and obtaining payment from my Health Plan(s), **3.** providing me with educational and therapy support services by mail, text-messaging, e-mail, and/or telephone and **4.** referring me to, or determining my eligibility for, other programs, foundations or alternative sources of funding or coverage to help me with the costs of VIVITROL. I understand that support services may include product information materials and treatment reminders. **Information May Be Further Disclosed:** I understand that INFORMATION disclosed pursuant to this authorization could be re-disclosed by a recipient and may no longer be protected by federal privacy law (HIPAA). **For California Residents:** California law prohibits the person receiving your health information from making further disclosure of it, unless another authorization for such additional disclosure is obtained from you or unless such disclosure is specifically required or permitted by law.

I understand that signing this authorization is voluntary and if I do not sign this authorization it will not affect my ability to obtain treatment from my prescribing physician or obtain insurance or insurance benefits. I understand, however, that if I do not sign this authorization, I will not be eligible to receive the educational, support or other services described above. I understand I have the right to receive a copy of this authorization after I sign. I understand that the disclosure of my Information may result in remuneration to one or more network specialty pharmacies. I understand that I may see a copy of the information described in this authorization if I request to do so.

I may withdraw this authorization at any time by mailing or faxing a written request to Touchpoints Reimbursement Support, 1670 Century Center Parkway, Memphis, TN 38134 or by calling 1-800-VIVITROL. Withdrawal of this authorization will end further uses and disclosures of my Information by the parties identified in this authorization except to the extent those uses and disclosures have been made in reliance upon this authorization and as permitted by applicable law. This authorization expires five years from the date indicated below unless I withdraw it earlier.

Patient's Signature		Date of Signature	
Parent/Guardian/Legal Representative's Signature§		Authority/Relationship to Patient	

☐ ***(Check if "yes")*** **I would like to receive co-payment assistance from Alkermes.** I certify that I am at least 18 years old, I am being treated for opioid dependence after detox or alcohol dependence and that my VIVITROL prescription will NOT be purchased under Medicaid, Medicare, TRICARE®, or any federal or state healthcare program, including any state medical or pharmaceutical assistance program.‡

† See page 3 for a list of Network Specialty Pharmacies.

‡ **Eligibility for Sponsored Co-pay Assistance**: Offer valid for prescriptions for FDA-approved indications. Patients must be at least 18. Offer not valid for prescriptions purchased under Medicaid, Medicare, TRICARE® or any other federal or state healthcare program, including any state medical or pharmaceutical assistance program. Void where prohibited by law, taxed or restricted. Alkermes, Inc. reserves the right to rescind, revoke or amend these offers without notice.

§ If patient is a minor without capacity to act alone under state law, signature of patient and parent/guardian/legal representative is required.

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INJECTION PROVIDER SELECTION INFORMATION (AS APPLICABLE)

If you have requested injection services for your patient, Touchpoints will provide a selection of several injectors based on geographic proximity to your patient's address listed on the enrollment form (from closest to farthest from such address).

These injection providers are listed on the VIVITROL Provider Locator‖ at www.VIVITROL.com.

These options will be provided to you for your patient. We will also contact the selected injection services provider to help coordinate injection services.

‖ Enrollment in the Locator is voluntary and free of charge and, along with the provider-specific information in the Provider Locator, is based on healthcare provider responses. Inclusion in the Locator does not imply a referral, recommendation or endorsement by Alkermes. Alkermes has not independently verified the qualifications of any healthcare provider included in the Locator. We recommend that you research the credentials, qualifications, and experience of each provider before confirming an appointment. Alkermes shall not be liable to you or to anyone for any decision made or action taken in reliance on this information.

DIAGNOSIS CODE DESCRIPTIONS

Alcohol Dependence

303.00	Acute alcoholic intoxication, unspecified drunkenness
303.01	Acute alcoholic intoxication, continuous drunkenness
303.90	Other and unspecified alcohol dependence, unspecified drunkenness
303.91	Other and unspecified alcohol dependence, continuous drunkenness
303.92	Other and unspecified alcohol dependence, episodic drunkenness
303.93	Other and unspecified alcohol dependence, in remission

Opioid Dependence

304.00	Opioid type dependence, unspecified abuse
304.01	Opioid type dependence, continuous abuse
304.02	Opioid type dependence, episodic abuse
304.03	Opioid type dependence, in remission
304.70	Combinations of opioid type drug with any other drug dependence, unspecified abuse
304.71	Combinations of opioid type drug with any other drug dependence, continuous abuse
304.72	Combinations of opioid type drug with any other drug dependence, episodic abuse
304.73	Combinations of opioid type drug with any other drug dependence, in remission

NETWORK SPECIALTY PHARMACIES

Accredo Health Group, Inc.; Acro Pharmaceutical Services; Aetna Specialty Pharmacy®; Avanti Health Care; Avella Inc.; BriovaRx™; CareSite Pharmacy; CarePlus Pharmacy; Chartwell Pennsylvania, LP; Cigna; Commcare Pharmacy; Coram LLC; Costco Health Solutions; CuraScript, Inc.; CVS Caremark; Diplomat Pharmacy; Pharmacy Solutions; Fairview Health Services; Humana; Kelley-Ross & Associates Inc.; The Kroger Company; LDI; LegacyRx™; Lovelace Health System; Magellan Health Services, Inc.; Medicine Shoppe International, Inc.; MedVantx Inc.; OptumRx, Inc.; Orchard Pharmaceutical Services; Orsini Healthcare; Pharmacy Advantage; Prime Therapeutics LLC; Providence Health & Services; Reliance Rx; Reliant Healthcare; Restore RX. inc.; Transition Pharmacy Services; US Specialty Care®; Vital Care Rx; Walgreen Co.

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IMPORTANT SAFETY INFORMATION FOR VIVITROL® (naltrexone for extended-release injectable suspension)

INDICATIONS

VIVITROL is indicated for:

- Treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting. Patients should not be actively drinking at the time of initial VIVITROL administration.
- Prevention of relapse to opioid dependence, following opioid detoxification.
- VIVITROL should be part of a comprehensive management program that includes psychosocial support.

CONTRAINDICATIONS

VIVITROL is contraindicated in patients:

- Receiving opioid analgesics
- With current physiologic opioid dependence
- 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

WARNINGS/PRECAUTIONS

Vulnerability to Opioid Overdose: Because VIVITROL blocks the effects of exogenous opioids for approximately 28 days after administration, patients are likely to have a reduced tolerance to opioids after opioid detoxification. As the blockade dissipates, 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.

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.

Injection Site Reactions: 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. 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. Patients should be informed that any concerning injection site reactions should be brought to the attention of their healthcare provider.

Precipitation of Opioid Withdrawal: Withdrawal precipitated by administration of VIVITROL may be severe. Some cases of withdrawal symptoms have been severe enough to require hospitalization and management in the ICU. To prevent precipitated withdrawal, patients, including those being treated for alcohol dependence:

- Should be opioid-free (including tramadol) for a minimum of 7–10 days before starting VIVITROL.
- Patients transitioning from buprenorphine or methadone may be vulnerable to precipitated withdrawal for as long as two weeks.

Patients should be made aware of the risk associated with precipitated withdrawal and be encouraged to give an accurate account of last opioid use.

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

Depression and Suicidality: Alcohol- and opioid-dependent patients 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: Cases of eosinophilic pneumonia requiring hospitalization have been reported. Warn patients of the risk of eosinophilic pneumonia and to seek medical attention if they develop symptoms of pneumonia.

Hypersensitivity Reactions: Patients should be warned of the risk of hypersensitivity reactions, including anaphylaxis.

Intramuscular Injections: As with any IM injection, VIVITROL should be administered with caution to patients with thrombocytopenia or any coagulation disorder.

ADVERSE REACTIONS

Serious adverse reactions that may be associated with VIVITROL therapy in clinical use include severe injection site reactions, eosinophilic pneumonia, serious allergic reactions, unintended precipitation of opioid withdrawal, accidental opioid overdose, and depression and suicidality. The adverse events seen most frequently in association with VIVITROL therapy for alcohol dependence include nausea, vomiting, injection site reactions (including induration, pruritus, nodules, and swelling), 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 opioid-dependent patients also include hepatic enzyme abnormalities, injection site pain, nasopharyngitis, insomnia, and toothache.

PLEASE SEE PRESCRIBING INFORMATION AND MEDICATION GUIDE, OR VISIT VIVITROL.COM.
PLEASE REVIEW MEDICATION GUIDE WITH PATIENTS.

Alkermes®

Vivitrol®
(naltrexone for extended-release injectable suspension)