



Sample XR-NTX Treatment Agreement

This form is for educational/informational purposes only. It doesn't establish a legal or medical standard of care. Healthcare professionals should use their judgment in interpreting this form and applying it in the circumstances of their individual patients and practice arrangements. The information provided in this form is provided "as is" with no guarantee as to its accuracy or completeness.

TREATMENT AGREEMENT

I agree to accept the following treatment agreement for extended-release injectable naltrexone office-based opioid use disorder treatment:

1. The risks and benefits of extended-release injectable naltrexone treatment have been explained to me.
2. The risks and benefits of other treatment for opioid use disorder (including methadone, buprenorphine, and nonmedication treatments) have been explained to me.
3. I will be on time to my appointments and respectful to the office staff and other patients.
4. I will keep my healthcare provider informed of all my medications (including herbs and vitamins) and medical problems.
5. I agree not to obtain or take prescription opioid medications prescribed by any other healthcare provider.
6. If I am going to have a medical procedure that will cause pain, I will let my healthcare provider know in advance so that my pain will be adequately treated.
7. If I miss a scheduled appointment for my next extended-release naltrexone injection, I understand that I should reschedule the appointment as soon as possible because it is important to receive the medication on time to reduce the risk of opioid overdose should I return to use.
8. If I come to the office intoxicated, I understand that my healthcare provider will not see me.
9. Violence, threatening language or behavior, or participation in any illegal activity at the office will result in treatment termination from the clinic.
10. I understand that random urine drug testing is a treatment requirement. If I do not provide a urine sample, it will count as a positive drug test.
11. I understand that initially I will have weekly office visits until my condition is stable.
12. I can be seen every 2 weeks in the office starting the second month of treatment if I have two negative urine drug tests in a row.
13. I may be seen less than every 2 weeks based on goals made by my healthcare provider and me.
14. I understand that people have died trying to overcome the opioid blockade by taking large amounts of opioids.
15. I understand that treatment of opioid use disorder involves more than just taking medication. I agree to follow my healthcare provider's recommendations for additional counseling and/or for help with other problems.
16. I understand that there is no fixed time for being on naltrexone and that the goal of treatment is for me to stop using all illicit drugs and become successful in all aspects of my life.
17. I understand that my risk of overdose increases if I go back to using opioids after stopping naltrexone.
18. I have been educated about the other two FDA-approved medications used to treat opioid use disorder, methadone and buprenorphine, and I prefer to receive treatment with naltrexone.
19. I have been educated about the increased chance of pregnancy when stopping illicit opioid use and starting naltrexone treatment and have been informed about methods for preventing pregnancy.
20. I have been informed that if I become pregnant during naltrexone treatment, I should inform my provider and have a discussion about the risks and benefits of continuing to take naltrexone.

Other specific items unique to my treatment include:

Patient Name (print): _____

Patient Signature: _____ Date: _____

This form is adapted from ASAM's Sample Treatment Agreement, which is updated periodically; the most current version of the agreement is available online (www.asam.org/docs/default-source/advocacy/sample-treatment-agreement30fa159472bc604ca5b7ff000030b21a.pdf?sfvrsn=0).

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