



1600 20th Street, NW • Washington, D.C. 20009 • 202/588-1000 • www.citizen.org

November 20, 2019 **[EMBARGOED UNTIL 12:01 AM ET ON WEDNESDAY,
NOVEMBER 20, 2019]**

ADM Brett P. Giroir, M.D.
Acting Commissioner
Food and Drug Administration
U.S. Department of Health and Human Services
10903 New Hampshire Avenue
Silver Spring, MD 20993

RE: Apparent clinical investigation testing the effectiveness of sustained-release naltrexone implants for treatment of opioid and alcohol use disorders that was conducted in violation of Food and Drug Administration human subjects protection and investigational new drug application regulations

Dear ADM Giroir:

Public Citizen, a consumer advocacy organization with more than 500,000 members and supporters nationwide, and the undersigned individuals — with expertise spanning, among other things, bioethics, medicine, human subjects protections, human rights, and law — are writing to request that the Food and Drug Administration (FDA) immediately launch a formal compliance investigation into an apparent clinical investigation conducted by California-based BioCorRx, Inc., and the Louisiana Department of Public Safety and Corrections (LDPSC) that involved testing the effectiveness of sustained-release naltrexone implants — a formulation of naltrexone never approved by the FDA — for management of opioid and alcohol use disorders in prison inmates. The agency also should investigate whether BioCorRx has conducted or is currently conducting any similar clinical investigations.

Based on our review of a press statement issued by BioCorRx, other documents posted on the company's website, a written agreement executed by BioCorRx and the LDPSC, and recently published media reports, BioCorRx and the LDPSC conducted what clearly amounts to a clinical investigation testing a sustained-release naltrexone implant in prison inmates. But the company conducted this clinical investigation without the review and approval of an institutional review board (IRB), the legally effective informed consent of the human subjects, the inclusion of additional safeguards for prisoner subjects who were likely to be vulnerable to coercion or undue influence, or the submission of an investigational new drug (IND) application to the FDA. Such circumstances, if confirmed, would represent egregious violations of the requirements of FDA regulations for the protection of human subjects at 21 C.F.R. Parts 50 and 56 and the ethical principles upon which these regulations are founded, as well as of the requirements of FDA IND application regulations at 21 C.F.R. Part 312, and would therefore warrant prompt FDA intervention to hold BioCorRx accountable for these violations and to permanently stop any similar ongoing illegal clinical investigations being conducted by the company.

The following is a detailed discussion of the apparent clinical investigation and the serious regulatory and ethical lapses related to its oversight and conduct.

Background on FDA-approved naltrexone formulations

Naltrexone is an opioid antagonist that has little to no opioid agonist activity. The only FDA-approved single-active-ingredient naltrexone products are multiple generic tablets with strengths of 25, 50, and 100 milligrams (mg) per tablet that are administered orally once daily and an extended-release suspension at a strength of 380 mg/vial for administration by intramuscular injection every four weeks that is marketed under the brand name Vivitrol.¹

The FDA-approved indications for oral naltrexone tablets are the treatment of alcohol dependence and for the blockage of the effects of exogenously administered opioids.² The product labeling states that naltrexone tablets have not been shown to provide any therapeutic benefit except as part of an appropriate plan of management for opioid or alcohol addiction.

The FDA-approved indications for Vivitrol are 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 and the prevention of relapse to opioid dependence following opioid detoxification.³ The product labeling states that treatment with Vivitrol should be part of a comprehensive management program that includes psychosocial support.

The FDA has never approved any sustained-release naltrexone implant product.

Overview of the apparent clinical investigation involving prison inmates

On May 2, 2019, BioCorRx issued a press release announcing that the company — in partnership with the LDPSC — had enrolled the first prisoner in its “Recovery Program Pilot” when LDPSC doctors placed a sustained-release naltrexone implant into a soon-to-be released inmate at the Louisiana State Penitentiary.⁴ According to a May 6, 2019, report in *The Advocate*, a Baton Rouge newspaper, the naltrexone implants are inserted surgically into the abdomen.⁵

¹ Food and Drug Administration. Orange Book: Approved drug products with therapeutic equivalence evaluations. <https://www.accessdata.fda.gov/scripts/cder/ob/index.cfm>. Accessed on November 12, 2019, using search term “naltrexone.”

² Bryant Ranch Prepack. Label: naltrexone hydrochloride tablets. August 2019. <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=b773726e-1dc9-415a-81f3-32b43b61b9b1&type=display>. Accessed November 12, 2019.

³ Alkermes. Label: naltrexone for extended-release injectable suspension (VIVITROL). September 2019. https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021897s0451bl.pdf. Accessed November 12, 2019.

⁴ BioCorRx. BioCorRx, Inc. announces launch of pilot program with Louisiana Department of Corrections for offenders suffering with alcohol and opioid use disorders. May 2, 2019. <https://www.biocorr.com/news-media/press-releases/detail/156/biocorr-inc-announces-launch-of-pilot-program-with>. Accessed November 12, 2019.

⁵ Toohey G. Louisiana prisons pilot addiction-fighting implants for inmates; lack of FDA approval draws criticism. *The Advocate*. May 6, 2019. https://www.theadvocate.com/baton_rouge/news/crime_police/article_3376578e-6cfa-11e9-9442-1fea4f3f194a.html. Accessed November 12, 2019.

The descriptions of this pilot program in the BioCorRx press release, the written agreement executed by BioCorRx and the LDPSC establishing their partnership for the pilot program (copy enclosed), and public statements made by the company's CEO and president appear to clearly indicate that this program was a clinical investigation (as defined both by FDA human subjects protection regulations at 21 C.F.R. § 56.102(c) and by FDA IND application regulations at 21 C.F.R. § 312.3(b)) because it involved testing the effectiveness of an investigational multimonth sustained-release naltrexone implant, in combination with the company's proprietary cognitive behavioral therapy modules and peer support, for management of opioid use and alcohol use disorders in prison inmates.

In particular, the press release stated the following:

The purpose of the program is to **demonstrate the effectiveness of the BioCorRx® Recovery Program for those suffering from alcohol and/or opioid use disorders.** Through this pilot program, BioCorRx® intends to help those suffering while **illustrating the cost and societal benefit of using the BioCorRx® Recovery Program in lieu of incarceration.**]

The **volunteers selected by the medical staff** at [the LDPSC] will receive the company's BioCorRx Recovery Program which typically includes its proprietary cognitive behavioral therapy (CBT) modules, peer support, multi-month sustained release naltrexone implant and **patient tracking**...

For the duration of the program, [the LDPSC] will provide oversight **and monitoring of those volunteers** that have been medically cleared by [the LDPSC] Medical Director to enter the program.⁶

[Emphasis added]

Moreover, the written agreement executed by the LDPSC and BioCorRx similarly stated the following:

Purpose: **To demonstrate the effectiveness of the BioCorRx Recovery program for those suffering from alcohol and/or opioid use disorders. The program includes a long-term naltrexone implant**, coupled with proprietary cognitive behavioral therapy (CBT) and ongoing peer recovery support and **patient tracking**.

Goal: Help those suffering and **to illustrate the cost benefit of using the BioCorRx Recovery Program in lieu of incarceration of an individual for 6 months (including difficult to calculate costs of lost wages, cost to families, children without parent home, etc.)...**

A. [LDPSC] RESPONSIBILITIES...

⁶ BioCorRx. BioCorRx, Inc. announces launch of pilot program with Louisiana Department of Corrections for offenders suffering with alcohol and opioid use disorders. May 2, 2019. <https://www.biocorr.com/news-media/press-releases/detail/156/biocorr-inc-announces-launch-of-pilot-program-with>. Accessed November 12, 2019.

2. [The LDPSC] will identify ten (10) volunteers to enter the BioCorRx Recovery Program Pilot and those will be medically cleared by [the LDPSC] Medical Director. See Exhibit A for suggested volunteer criteria and process...

B. BIOCORRX RESPONSIBILITIES

1. BioCorRx will provide [the LDPSC] medical director with access to ten (10) naltrexone implants directly from a **compounding pharmacy** that is licensed in the state of Louisiana at no cost to [the LDPSC]...

Exhibit A

Suggested Candidate Criteria:

- Consider enrolling **5 alcoholism only volunteers and 5 opioid use disorder volunteers...**

Process:...

- **Patient outcomes will be provided monthly and the success will be evaluated at 3 months and six (6) months post implant procedure.**

[Emphasis added]

Individuals enrolled in the BioCorRx pilot program apparently were asked to sign a “CONSENT FOR RELEASE/EXCHANGE OF INFORMATION” form that included the following statement (copy enclosed):

I hereby authorize Treatment Center/Provider above to exchange information regarding my care with BioCorRx Inc. and 2nd Chance Counseling Service, LLC (if tele-counseling option selected).

Furthermore, if tele-counseling option is selected, I hereby authorize BioCorRx and 2nd Chance Counseling to exchange information regarding my care.

According to *The Advocate*, Brady Granier, the CEO and president of BioCorRx, said “his company will be collecting data from the prisoners who volunteer for the pilot program in Louisiana by monitoring how successful they are.”⁷ He also said that “[the pilot program] is not a study,” but that statement is belied by the many other representations of the program noted above.

Finally, according to an October 31, 2019, report in *The New Republic*, a BioCorRx spokesman stated in an email that the company “is working with a government agency to demonstrate [the sustained-release naltrexone implant’s] cost-effectiveness and success rate over other methods of

⁷ Toohey G. Louisiana prisons pilot addiction-fighting implants for inmates; lack of FDA approval draws criticism. *The Advocate*. May 6, 2019. https://www.theadvocate.com/baton_rouge/news/crime_police/article_3376578e-6cfa-11e9-9442-1fea4f3f194a.html. Accessed November 12, 2019.

medication-assisted treatment.”⁸ *The New Republic* also reported that “[a]fter the prison was criticized for giving an unapproved drug to a prisoner, the Louisiana Department of Corrections discontinued its use of Naltrexone implants in the spring,” although the exact timing of this discontinuation is unclear.

The above statements taken together could not be clearer: BioCorRx and the LDPSC initiated a clinical investigation under the rubric of a “pilot program,” the primary purpose of which was to evaluate the clinical effectiveness and cost-effectiveness of a non-FDA-approved, investigational multimonth sustained-release naltrexone implant, in combination with cognitive behavioral therapy modules and peer support, for management of opioid use and alcohol use disorders in prison inmates.

Apparent regulatory violations

In accordance with the requirements of FDA regulations for the protection of human subjects at 21 C.F.R. Parts 50 and 56, any clinical investigation involving an FDA-regulated test article, such as an investigational sustained-release naltrexone implant, must be reviewed and approved by an IRB. Additionally, the legally effective informed consent of the human subjects of any clinical investigation must be obtained and documented using a written consent document that is approved by the IRB and that embodies all of the elements of informed consent required by 21 CFR § 50.25, except in certain limited circumstances that would not have applied to a clinical investigation of a sustained-release naltrexone implant for treatment of opioid and alcohol use disorders.

But a review of email correspondence between BioCorRx and the LDPSC from early December 2018 to late April 2019 related to the establishment of their partnership for the pilot program revealed no mention of IRB review and approval of the pilot program. The email correspondence also included consent forms (copies enclosed) that would typically be used for clinical care and that lacked the elements of legally effective informed consent required under FDA human subjects protection regulations at 21 C.F.R. § 50.25 for an FDA-regulated clinical investigation. Moreover, according to the October 31, 2019, report in *The New Republic*, BioCorRx asserted that “it didn’t need to go through [an IRB] because it was not technically conducting a trial,” thus confirming the company’s failure to obtain IRB review and approval of the apparent clinical investigation. As a result, there was no opportunity for an IRB to ensure that the clinical investigation testing the effectiveness of sustained-release naltrexone implants for treatment of opioid and alcohol use disorders in prison inmates satisfied the following FDA regulatory requirements at 21 C.F.R. Parts 50 and 56:

- (1) Risks to subjects are minimized: (a) by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (b) whenever

⁸ Pang A. Did a Drug Company Illegally Experiment on a Louisiana Prisoner? *The New Republic*. October 31, 2019. <https://newrepublic.com/article/155553/drug-company-illegally-experiment-louisiana-prisoner?fbclid=IwAR3OkUr13nWNpLAYXqC9KVfJA0ivN4SXGwusFEKVfRI-FTDso1nXWebyv4w>. Accessed November 12, 2019.

appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.

- (2) Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may be expected to result.
- (3) Selection of subjects is equitable. In making this assessment, the IRB should take into account the purposes of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable populations, such as prisoners, among others.
- (4) Informed consent will be sought from and appropriately documented for each prospective subject or the subject's legally authorized representative, in accordance with and to the extent required by 21 C.F.R. Part 50. Required basic elements of legally effective informed consent for a clinical investigation include:
 - (a) A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental.
 - (b) A description of any reasonably foreseeable risks or discomforts to the subject.
 - (c) A description of any benefits to the subject or to others which may reasonably be expected from the research.
 - (d) A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.
 - (e) A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained and that notes the possibility that the FDA may inspect the records.
 - (f) For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.
 - (g) An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject.
 - (h) A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.
- (5) Where appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.
- (6) Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

- (7) When some or all of the subjects, such as prisoners or economically or educationally disadvantaged persons, among others, are likely to be vulnerable to coercion or undue influence, additional safeguards have been included in the study to protect the rights and welfare of these subjects.

The failure to comply with the requirements of FDA regulations for the protection of human subjects also represents a serious violation of the basic ethical principles of respect for persons, beneficence, and justice articulated in the 1979 landmark Belmont Report that underpin these regulations.⁹

Finally, the apparent clinical investigation conducted by BioCorRx and the LDPSC required the submission of an IND application under FDA regulations at 21 C.F.R. Part 312. Even if one assumed that sustained-release naltrexone implants produced by compounding pharmacies are legally marketed drugs in the U.S., the use of such implants in a clinical investigation required submission of an IND application to the FDA before the clinical investigation began. Notably, the FDA advised in guidance issued in 2013¹⁰ that an IND application is needed for a clinical investigation of a *marketed drug* unless *all* of the following criteria for an exemption under FDA regulations at 21 C.F.R. § 312.2(b) are met:

- (1) The drug product is lawfully marketed in the United States.
- (2) The investigation is not intended to be reported to the FDA as a well-controlled study in support of a new indication and there is no intent to use it to support any other significant change in the labeling of the drug.
- (3) In the case of a prescription drug, the investigation is not intended to support a significant change in the advertising for the drug.
- (4) The investigation does not involve a route of administration, dose, patient population, or other factor that significantly increases the risk (or decreases the acceptability of the risk) associated with the use of the drug product (21 C.F.R. § 312.2(b)(1)(iii)).
- (5) The investigation is conducted in compliance with the requirements for review by an IRB (21 C.F.R. Part 56) and with the requirements for informed consent (21 C.F.R. Part 50).
- (6) The investigation is conducted in compliance with the requirements of 21 C.F.R. § 312.7 (i.e., the investigation is not intended to promote or commercialize the drug product).

As already discussed, the apparent clinical investigation testing the effectiveness of a sustained-release naltrexone implant for treatment of opioid and alcohol use disorders in prisoners did not meet criterion 5. Moreover, it did not meet criterion 4 because the route of administration (and perhaps the dose) may have significantly increased the risk (or decreased the acceptability of the

⁹ National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Ethical principles and guidelines for the protection of human subjects of research. April 18, 1979.

https://www.hhs.gov/ohrp/sites/default/files/the-belmont-report-508c_FINAL.pdf. Accessed November 12, 2019

¹⁰ Food and Drug Administration. Guidance for clinical investigators, sponsors, and IRBs: Investigational new drug applications (INDs) — Determining whether human research studies can be conducted without an IND. September 2013. <https://www.fda.gov/media/79386/download>. Accessed November 12, 2019.

risk) associated with the use of the drug product. Finally, the apparent clinical investigation did not meet criterion 6 because BioCorRx, through its May 2, 2019, press release announcing the launch of the pilot program at the Louisiana State Penitentiary, was promoting the sustained-release naltrexone implant as a component of the BioCorRx Recovery Program for the treatment of alcohol and opioid use disorders.

Concerns about other possible clinical investigations conducted by BioCorRx

We also are concerned that BioCorRx has conducted or may still be conducting similar clinical investigations in other settings in the U.S. without complying with the requirements of FDA regulations for the protection of human subjects at 21 C.F.R. Parts 50 and 56 and FDA IND application regulations at 21 C.F.R. Part 312.

We note that Mr. Granier reportedly told *The Advocate* that the sustained-release naltrexone implant had been “used successfully by more than 1,000 people,”¹¹ suggesting the company has collected data on use of the implant in more than 1,000 subjects. Moreover, BioCorRx previously has announced other pilot programs that used the sustained-release naltrexone implants that sound suspiciously like the apparent clinical investigation conducted by BioCorRx and the LDPSC in prison inmates, including the following:

- (1) On January 24, 2018, BioCorRx issued a press release announcing the launch of a “paid demonstration pilot” for the BioCorRx Recovery Program in collaboration with the One Day At A Time Program (ODAAT), which is funded by the city of Philadelphia and the state of Pennsylvania.¹² According to the press release, the ODAAT serves low-income and homeless men and women and their families in the Philadelphia area who are afflicted with addiction and HIV/AIDS — individuals who, like prison inmates, would be highly vulnerable to coercion or undue influence.
- (2) On October 5, 2017, BioCorRx issued a press release announcing the start of a pilot program for weight loss in collaboration with the Atlantis Medical Wellness & Weight Loss Center in Silver Spring, MD.¹³ The pilot program uses sustained-release naltrexone implants. Importantly, no FDA-approved naltrexone product is approved for weight reduction. On March 15, 2018, BioCorRx reported that twelve individuals had been successfully enrolled in the pilot program “as planned” and that “the initial results have

¹¹ Toohey G. Louisiana prisons pilot addiction-fighting implants for inmates; lack of FDA approval draws criticism. *The Advocate*. May 6, 2019. https://www.theadvocate.com/baton_rouge/news/crime_police/article_3376578e-6cfa-11e9-9442-1fea4f3f194a.html. Accessed November 12, 2019.

¹² BioCorRx. BioCorRx announces collaboration with the One Day at a Time Program in Philadelphia. January 24, 2018. <https://ir.biocorr.com/press-releases/detail/113/biocorr-announces-collaboration-with-the-one-day-at-a-time>. Accessed November 12, 2019.

¹³ BioCorRx. BioCorRx to launch new weight management program. October 5, 2017. <https://www.biocorr.com/news-media/press-releases/detail/97/biocorr-to-launch-new-weight-management-program>. Accessed November 12, 2019.

been positive as reported by patients.”¹⁴ Commenting on the program, Mr. Granier stated the following:

We are very pleased with the feedback we have received from Dr. Gonzalez [the Medical Director of Atlantis Medical Wellness & Weight Loss Center] and the patients enrolled in the pilot program to date. We anticipated that this program would help individuals struggling with their weight in some way, but it's great to actually hear the excitement from those enrolled thus far. One of the first patients who enrolled in the program reported a weight loss of 25 pounds after three months along with healthier lifestyle habits. So far, most of the participants polled have expressed reduced cravings for food. We look forward to completing the pilot mid-year and plan to begin marketing the official weight loss program as anticipated immediately thereafter.

Conclusions and requested actions

In summary, based on our review of a press statement issued by BioCorRx, other documents posted on the company's website, the written agreement executed by BioCorRx and the LDPSC, and recently published media reports, there appears to be substantial evidence that the company and the LDPSC initiated a clinical investigation starting in May 2019 that involved testing the effectiveness of sustained-release naltrexone implants — a formulation of naltrexone never approved by the FDA — for management of opioid and alcohol use disorders in prison inmates.

Alarming, BioCorRx and the LDPSC conducted this apparent clinical investigation without the review and approval of an IRB, the legally effective informed consent of the human subjects, the inclusion of additional safeguards for prisoner subjects who were likely to be vulnerable to coercion or undue influence, or the submission of an investigational IND application to the FDA. Such circumstances, if confirmed, would represent egregious violations of the requirements of FDA regulations for the protection of human subjects at 21 C.F.R. Parts 50 and 56 and the ethical principles upon which these regulations are founded, as well as of the requirements of FDA IND application regulations at 21 C.F.R. Part 312, and would therefore warrant prompt FDA intervention to hold BioCorRx accountable for these violations and to permanently stop any similar ongoing illegal clinical investigations being conducted by the company.

We therefore urge the FDA to immediately launch a formal compliance investigation into the apparent clinical investigation initiated by BioCorRx and the LDPSC in May 2019, as well as any other pilot program implemented by BioCorRx that involved testing the effectiveness of sustained-release naltrexone implants for opioid or alcohol use disorders, weight reduction, or any other indication. Such compliance investigations necessarily should include inspections of sponsor and clinical investigator records held by BioCorRx, as well as by the LDPSC, ODAAT, Atlantis Medical Wellness & Weight Loss Center, and any other entities that collaborated with BioCorRx on such pilot programs.

¹⁴ BioCorRx. BioCorRx provides update on new weight management program. March 15, 2018. <https://www.biocorr.com/news-media/press-releases/detail/120/biocorr-provides-update-on-new-weight-management-program>. Accessed November 12, 2019.

Furthermore, the FDA should inspect the compounding pharmacies that prepared or are preparing the sustained-release naltrexone implants used in BioCorRx's apparent clinical investigation initiated by BioCorRx and the LDPSC and other similar pilot programs. The FDA should explore what steps are being taken by these compounding pharmacies to ensure the sustained-release naltrexone implants are sterile, contain the intended strength of the drug, and will deliver the drug at the intended rate. Also, the FDA should determine whether the naltrexone implant is also considered a medical device and, if so, whether the marketing and use of such a device is legal under the Food, Drug, and Cosmetic Act.

We hope you share our concern regarding these troubling matters, and we look forward to a favorable response to our urgent request for a formal compliance investigation of BioCorRx and its collaborators.

Please contact us if you have any questions or need additional information.

Sincerely,

Michael A. Carome, M.D.
Director
Public Citizen's Health Research Group

Sidney M. Wolfe, M.D.
Founder and Senior Adviser
Public Citizen's Health Research Group

The views expressed in this letter represent those of the individual signatories below and are not the official positions of their listed institutions. Institutional affiliations are listed for the purposes of identification.

Ameena Ahmed, M.D., M.P.H.
Assistant Clinical Professor
UCSF Department of Epidemiology and Biostatistics

Kirk C. Allison, Ph.D., M.S.
University of Saint Thomas/College of Saint Scholastica

Alison Bateman-House, Ph.D., M.P.H.
Assistant Professor, Division of Medical Ethics
NYU Langone Health

Leo Beletsky, J.D., M.P.H.
Professor of Law and Health Sciences
Director, Health in Justice Action Lab
School of Law & Bouvé College of Health Sciences, Northeastern University

Thomas R. Blair, M.D., M.S.
Assistant Professor
Department of Psychiatry and David Geffen School of Medicine
University of California, Los Angeles

Arthur Caplan, Ph.D.
Division of Medical Ethics
New York University School of Medicine

Charles E. Dean, M.D.
Staff without Compensation
Minneapolis VA Medical Center

Dimitri Drekonja, M.D., M.S.
Associate Professor of Medicine
University of Minnesota Medical School

David Egilman, M.D., M.P.H.
Clinical Professor of Family Medicine
Alpert School of Medicine Brown University
President, Global Health through Education, Training and Service (GHETS)

Carl Elliott, M.D., Ph.D.
Professor, Center for Bioethics
University of Minnesota

Adriane Fugh-Berman, M.D.
Director, PharmedOut
Georgetown University Medical Center

Joseph M. Gabriel, Ph.D.
Associate Professor
Department of Behavioral Sciences and Social Medicine
Florida State University College of Medicine

Marcia Glass, M.D.
Program Director, Tulane Hospice and Palliative Medicine Fellowship
Associate Professor Internal Medicine
Tulane University School of Medicine

Dale E. Hammerschmidt, M.D., F.A.C.P.
Professor of Medicine (*Emeritus*)
University of Minnesota

Susan Hawthorne
Associate Professor
Philosophy Department
St. Catherine University

Trudo Lemmens (LicJur, L.L.M. bioethics, D.C.L.)
Professor and Scholl Chair in Health Law and Policy
Faculty of Law, University of Toronto
Toronto, Ontario

Joel Lexchin, M.D.
Professor Emeritus
School of Health Policy and Management
Faculty of Health
York University
Toronto, Ontario

Ruth Macklin, Ph.D.
Distinguished University Professor Emerita
Albert Einstein College of Medicine

Jon F. Merz, M.B.A., J.D., Ph.D.
Associate Professor
Department of Medical Ethics & Health Policy
Perelman School of Medicine at the University of Pennsylvania

Anjali Niyogi, M.D., M.P.H.
Associate Professor, Department of Internal Medicine/Pediatrics
Founder and Director of Formerly Incarcerated Transitions (FIT) Clinic, New Orleans
Tulane University School of Medicine

Susana Nuccetelli
St. Cloud State University

Nancy F. Olivieri, M.D., M.A., F.R.C.P.(C)
Professor, Pediatrics, Medicine and Public Health Sciences
University of Toronto
Toronto, Ontario

Keramet Reiter, J.D., Ph.D.
Associate Professor
Department of Criminology, Law & Society and School of Law
University of California, Irvine

Josiah D. Rich, M.D., M.P.H.

Professor of Medicine and Epidemiology, Brown University
Director of the Center for Prisoner Health and Human Rights
Attending Physician, The Miriam Hospital

Joshua M. Sharfstein, M.D.

Professor of the Practice in Health Policy and Management
Johns Hopkins Bloomberg School of Public Health

Lois Shepherd, J.D.

Peter A. Wallenborn, Jr. and Dolly F. Wallenborn Professor of Biomedical Ethics
Co-Director, Studies in Reproductive Ethics and Justice
Center for Health Humanities and Ethics
Professor of Public Health Sciences and Professor of Law
University of Virginia

Joel James Shuman, Ph.D.

Professor of Theology
King's College

Jan Helge Solbakk, M.D., Th.M., Ph.D.

Professor of Medical Ethics
Centre for Medical Ethics, Faculty of Medicine
University of Oslo
Oslo, Norway

Steffanie Strathdee, Ph.D.

Associate Dean of Global Health Sciences
Harold Simon Professor, UCSD Department of Medicine
Co-Director, Center for Innovative Phage Applications & Therapeutics (IPATH)

Alexander C. Tsai, M.D.

Associate Professor of Psychiatry
Massachusetts General Hospital and Harvard Medical School

Elizabeth Woeckner, M.A.

President
Citizens for Responsible Care & Research, Inc.

Enclosures:

- (1) Written agreement executed by BioCorRx and the LDPSC
- (2) BioCorRx Recovery Program, Peer Recovery/Counseling Intake Profile form (includes "CONSENT FOR RELEASE/EXCHANGE OF INFORMATION" form)
- (3) Consent forms for the pilot program using sustained-release naltrexone implants conducted by BioCorRx and the LDPSC

Public Citizen

November 20, 2019, Letter to FDA Regarding Apparent
Clinical Investigations of Sustained-Release Naltrexone Implants

cc: Janet Woodcock, M.D., Director, Center for Drug Evaluation and Research, FDA

EMBARGOED UNTIL 12:01 AM ET ON WEDNESDAY, NOVEMBER 20, 2019

BioCorRx Recovery Program Pilot

AGREEMENT

BETWEEN

Louisiana Department of Corrections (LADOC)

AND

BioCorRx, Inc. (BioCorRx)

Purpose: To demonstrate the effectiveness of the BioCorRx Recovery program for those suffering from alcohol and/or opioid use disorders. The program includes a long-term naltrexone implant, coupled with proprietary cognitive behavioral therapy (CBT) and ongoing peer recovery support and patient tracking.

Goal: Help those suffering and to illustrate the cost benefit of using the BioCorRx Recovery Program in lieu of incarceration of an individual for 6 months (including difficult to calculate costs of lost wages, cost to families, children without parent home, etc.)

A. LADOC RESPONSIBILITIES

1. LADOC will provide general program oversight and monitoring.
2. LADOC will identify ten (10) volunteers to enter the BioCorRx Recovery Program Pilot and those will be medically cleared by LADOC Medical Director. See Exhibit A for suggested volunteer criteria and process.
3. LADOC Medical Director will be responsible for the medical treatment/surgical procedure.
4. LADOC medical director will collaborate with BioCorRx for the behavioral components of the program.
5. LADOC will be responsible for having program participants sign consent forms as needed.
6. LADOC Medical Director will review agreement annually to ensure deliverables are being met and that continuation of the agreement is in the best interest of the State.

B. BIOCORRX RESPONSIBILITIES

1. BioCorRx will provide LADOC medical director with access to ten (10) naltrexone implants directly from a compounding pharmacy that is licensed in the state of Louisiana at no cost to LADOC.

2. BioCorRx to provide six (6) months of peer support and use of proprietary CBT modules by LADOC therapist.

3. BioCorRx to provide customizable patient forms, best practices and access to consultants for all medical and behavioral staff at no cost.

C. TERM OF AGREEMENT

1. This Agreement is in effect as of the date signed by both parties and may be amended as mutually agreed upon in writing by both parties by based upon programmatic needs.

2. This Agreement may be terminated by any party upon thirty (30) days written notice of termination to the other parties.

3. This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.

D. MISCELLANEOUS

1. Force Majeure. Neither party shall be liable for any delay or failure in performance beyond its control resulting from acts of God or force majeure. The parties shall use reasonable efforts to eliminate or minimize the effect of such events upon performance of their respective duties under this Agreement.

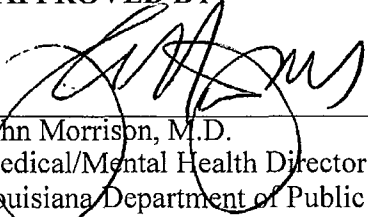

2. Indemnification. BioCorRx agrees to protect, defend, indemnify, save, and hold harmless, the State of Louisiana, all State Departments, Agencies, Boards and Commissions, its officers, agents, representatives, servants, employees, and volunteers, from and against any and all claims, damages, expenses, and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur, or in any way grow out of, any act or omission of BioCorRx, its agents, servants, and employees, or any and all costs, expenses and/or attorney fees incurred by BioCorRx as a result of any claims, demands, suits or causes of action, except those claims, demands, suits, or causes of action arising out of the negligence of the State of Louisiana, all State Departments, Agencies, Bards, Commissions, its officers, agents, representatives, servants, employees and volunteers. BioCorRx agrees to investigate, handle, respond to, provide defense for and defend any such claims, demands, suits, or causes of action at its sole expense and agrees to bear all other costs and expenses related thereto, even if the claims, demands, suits, or causes of action are groundless, false or fraudulent.

3. Non-Discrimination. BioCorRx agrees to abide by the requirements of the following as applicable and amended: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964; Equal Employment Opportunity Act of 1972; Federal Executive Order 11246; the Rehabilitation Act of 1973; the Vietnam Era Veteran's Readjustment Assistance Act of 1974; Title IX of the Education Amendments of 1972; Age Discrimination Act of 1975; Fair Housing Act of 1968; and, Americans with Disabilities Act of 1990. BioCorRx agrees not to discriminate in its employment practices, and shall render services under this contract without regard to race, color, religion, sex, sexual orientation, national origin, veteran status, political


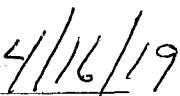
affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by BioCorRx, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

3. Governing Law. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Louisiana. Venue of any action brought with regard to this Agreement shall be in the Nineteenth Judicial District Court, parish of East Baton Rouge, State of Louisiana.

E. APPROVED BY

John Morrison, M.D.
Medical/Mental Health Director
Louisiana Department of Public Safety and Corrections
504 Mayflower Street
Baton Rouge, LA 70804
(225) 342-1320 – office
jmorrison@corrections.state.la.us

Thomas C. Bickham, III
Undersecretary
Louisiana Department of Public Safety and Corrections
504 Mayflower Street
Baton Rouge, LA 70804
tbickham@corrections.state.la.us

Brady Granier, CEO
BioCorRx Inc.
Date

Exhibit A

Suggested Candidate Criteria:

- Consider enrolling 5 alcoholism only volunteers and 5 opioid use disorder volunteers
- Candidates should be non-violent drug offenders booked for possession and are admitted opioid or alcohol addicts who are motivated to get clean and not just to avoid incarceration
- Consider lower acuity opioid patients at first (higher functioning, good social support, less cumulative years, good insight, prefer oral over IV drug dependence). For example, someone with a family/job who has struggled with dependence to oxycontin and multiple relapses over someone homeless with a decade of IV heroin abuse
- May include parolees who have failed drug test and facing incarceration.
- Participants may include a separate category of offenders of multiple alcohol related DUI who are facing incarceration
- Those with medical and mental co-morbidities such as schizophrenia, bipolar disorder, etc. should be excluded as well as those with history of suicide attempt

Process:

- Clearly articulate criteria for inclusion, program structure, and consequences to candidates
- The patients overall medical and mental condition should be evaluated.
- The program is the patient's responsibility and expectations, as well as consequences for failure, are described to patient and a consent for treatment contact is signed
- Opioid patients must be/will be detoxed when required followed by naltrexone implant procedure, well visits, frequent drug testing, CBT, peer support/tracking
- Most patients benefit from adjunct medical therapy that seem to work synergistically with naltrexone (included in documentation provided by BioCorRx)
- IV opioid patients should receive second implant after 4 months to ensure adequate naltrexone levels for longer time if naltrexone levels aren't being monitored
- Some participants may require more intensive/frequent counseling in the first month
- Patients are encouraged to join support groups/12 step and list of resources to be provided to each patient for their local area
- Patient outcomes will be provided monthly and the success will be evaluated at 3 months and six (6) months post implant procedure

Peer Recovery/Counseling Intake Profile

Patient Full Name: _____

**BioCorRx PO Number _____ **

Program Ordered (must circle one): **Peer Support Only** // **Tele-Counseling Only** // **Both**

Gender: _____ Date of Birth: _____ Drug of Choice: _____

City: _____ Zip Code: _____

Patient Email: _____

Primary Phone Number: _____ Cell _____ Home _____

Patient's Residential Time Zone (must circle one) **Pacific** **Central** **Mountain** **Eastern**

Name of Treatment Center/Provider: _____

Treatment Center Contact Name: _____

**Implant/Injection Date: _____ **

CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

I hereby authorize Treatment Center/Provider above to exchange information regarding my care with BioCorRx Inc. and 2nd Chance Counseling Service, LLC (if tele-counseling option selected).

Furthermore, if tele-counseling option is selected, I hereby authorize BioCorRx and 2nd Chance Counseling to exchange information regarding my care.

I give permission to release and/or receive information from the following parties:

Name and contact information for treatment center/providers/2nd Chance Counseling Service, LLC:

Name	Relationship to Patient	Telephone #/Fax #/email address
------	-------------------------	---------------------------------

Name	Relationship to Patient	Telephone #/Fax #/email address
------	-------------------------	---------------------------------

I understand that the exchange of information will remain confidential between mentioned parties and is for the purpose of collaborative treatment.

I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Client Records 42 C.F.R. Part 2 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Patient Signature _____ Date: _____

Mail COMPLETED form to: Orderdesk@BioCorRx.com and
Donnie@BioCorRx.com

For Internal Use Only

Name of Assigned BioCorRx Recovery Support Specialist: _____

Date 2nd Chance Counseling notified (if applicable): _____



Department of Public Safety and Corrections

Louisiana Opioid Substance Abuse Program
Naltrexone Implant (BioCorRx) Treatment Contract and Informed Consent

Name: _____ DOC: _____ DOB: _____

After discussing the naltrexone implant with your doctor/prescriber at _____, please initial next to each of the following: _____ DOC Facility

_____ I understand that the naltrexone implant includes naltrexone, which is a non-narcotic medication designed known to reduce cravings and that it works by blocking certain effects of opiates/opioids or alcohol.

_____ I understand that I must be free of opiates/alcohol for at least a week before getting the naltrexone implant. I understand that I must be appropriately detoxed from opioids prior to naltrexone treatment. (10 days typically required for methadone and Suboxone, 7 days typically required for heroin, Oxycodone, Hydrocodone, etc.) If I am not appropriately detoxed, naltrexone therapy may put me into an immediate and intense state of detoxification which can be dangerous, very uncomfortable, and potentially life threatening.

_____ I understand that if I still have traces of opiates/opioids or alcohol in my body when I get the implant naltrexone it will may put me immediately into withdrawal as mentioned above. I will tell the doctor/prescriber if I used prior to getting the implant so this does not happen to me in case we need to discuss another treatment option.

_____ I understand the effects of the naltrexone implant will may last in my body for 3-4 multiple months but that it can vary from person to person and there is no guarantee of longevity.

_____ I understand that if I use opiates/opioids or alcohol while on the naltrexone implant that it will likely block me from feeling the effects of what I have used.

_____ I understand that using too much alcohol or opiates/opioids trying in an attempt to override the naltrexone implant blockade or once the naltrexone implant has dissolved to non-effective levels, may result in a fatal overdose.

_____ I understand that I need to carry an ID bracelet, necklace or card with me to alert medical personnel in other facilities that I am on the have a subcutaneous (under the skin) naltrexone implant so that I get the best treatment in case of an emergency.

_____ I agree to cooperate with all bloodwork and all urine drug screens during my treatment.

_____ I agree to participate in therapy in my treatment program.

_____ I agree to be open and honest with my counselors, nurse and doctor/prescriber because I know they are trying to help me and they need to know if I am struggling or having cravings or if I have used. They cannot help me if I do not tell them what is going on.

_____ I agree to keep all scheduled appointments or call early to reschedule if necessary.

_____ I agree to report to my caregiver immediately any local adverse events including redness, swelling, discomfort, discharge near the implant site. (this could indicate lowering of naltrexone levels)

Formatted: Font: (Default) Calibri

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Space Before: Auto, After: Auto, Line spacing: single

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Font: (Default) Calibri, 10 pt

Formatted: Indent: Left: 0", Hanging: 0.5"

I agree to immediately report to my caregiver any thoughts, desires, or vivid dreams about resuming substance use.

Formatted: Indent: Left: 0", Hanging: 0.5"

 I have been educated on the uses and the procedure related to the naltrexone implant.

 I have asked the doctor/prescriber any questions I have about the naltrexone implant and about the above information.

Females only

 I am neither pregnant nor breastfeeding. I will use birth control while on the naltrexone implant and will alert my nurse/prescriber immediately if I become pregnant while having the naltrexone implant.

Client Signature: _____ Date: _____

Clinician Signature: _____ Date: _____

IMPORTANT INFORMATION REGARDING NALTREXONE AND RECOVERY

Addiction is a complex, multifactorial, progressive disease with physical, psychological, emotional, behavioural, and spiritual contributions and resultant symptomatology. Addiction cannot be cured, but can be managed and controlled. The best opportunity for recovery is to address and treat both the physical and the psychosocial component of the disease. This must be understood and accepted.

The naltrexone implant (as well as other medications that are utilized in recovery) is a very effective **tool** to assist in a fully comprehensive program. It is not addictive and not considered a substitute. The medication will block areas of the brain that provoke the overwhelming compulsions to drink or use, and will diminish these intrusive cravings. **It is not a 'cure.'** Again, it is not a 'cure.' There is no magic bullet in recovery. There exists no cure to addiction. It serves as a beneficial tool to loosen that firm grasp that the addictive substance has on the brain, and allow the individual focus effectively on the psycho-social-behavioural aspect of his or her recovery. If the patient does not do the hard work of identifying and avoiding triggers, diminishing stressors, modifying behaviours, and establishing and fortifying support networks, they will be at high risk for failed recovery and relapse.

Important points to understand:

- Again, there is no cure to addiction, and the Naltrexone implant is not a cure or magic bullet.
- There is no guarantee that the BioCorRx Recovery Program, or any treatment program, will result in success or long-term sobriety. We provide a comprehensive, outpatient recovery program and are very proud of the success of the majority of our patients. Unfortunately, we are unable to guarantee success for every individual, just as a primary care clinic is unable to guarantee that every diabetic patient's blood sugar will be optimally controlled. We are unable to provide 'refunds' in situations where the desired outcome has not been obtained.
- Unless the patient is motivated and ready, with certainty, for the difficult struggle toward sobriety, it is unlikely that successful long-term abstinence will be accomplished.
- In some cases, we will recommend that the patient be seen by his psychiatrist and/or a psychologist. These recommendations must be followed as co-existing mood disorders (and other conditions) often serve as a barrier to successful recovery.
- Naltrexone, and other medications, are very effective additions to a comprehensive program. This is especially true in the very difficult and critical initial six months of recovery when many determined individuals relapse as a result of overwhelming cravings.

-Everyone responds differently to the medication. For some patients, the effect is very dramatic and noticeable within hours. In others, it is more subtle and the effects are noticed later in a more gradually manner.

-Hunger, stress, fatigue, anger, loneliness, habitual patterns, and many other sensations and situations can mimic and provoke the desire to drink or use. Again, the medication often serves to significantly reduce the degree and intensity of these urges, but great care and attention in the behavioural and psychosocial aspect of the recovery is equally, if not more, important.

-The counseling program, which addresses the psycho-social-behavioural component of the disease, is critical and necessary to obtain a fully realized, durable, and long-term recovery.

-Lack of active participation in the psycho-social-behavioural component of recovery portends a poor outcome.

-We encourage every patient to establish and participate in some form of group support network (AA, Celebrate Recovery, alternative 12-step program, or any group support meeting of the patient's choosing). The benefits and experience of an established recovery group cannot be overstated. In addition, once patients have committed to helping another individual with his or her struggle, it contributes to the firmness of their recovery foundation. A common AA saying is, "You don't get to keep it, unless you give it away."

-For days after naltrexone treatment has begun, some patients experience fatigue, headache, insomnia, nausea, and achiness. These side effects are virtually always self-limited and temporary. (Please see Naltrexone FAQ's)

-In some patients, swelling/redness/itchiness may appear at implant site. This is most commonly due to an allergic inflammatory response to a foreign body and responds well to topical antihistamines and anti-inflammatories. In some cases, a short course of an oral steroid may be employed. In very rare cases of serious reaction or infection, the implant may require removal. The Center must be notified **immediately** with any redness or swelling of the implant site so that appropriate treatment can be provided to decrease inflammation. (Please see Naltrexone FAQ's)

- The naltrexone implant is placed surgically and there will be a scar. Each patient scars differently. In most cases, there is a small linear scar similar to an appendectomy scar. In cases of significant inflammation, infection, or necrosis, there will likely be a more noticeable scar and discoloration. It must be understood that there will be cosmetic consequences to the surgically placed implant.

-Naltrexone therapy will prevent the action of opiate pain relievers. Alternative medications for pain control may be utilized (please see Naltrexone FAQ's). If opiate pain control is required, for instance in the case of a major accident or surgery, the implant may be removed and alternative medications can be employed. In addition, patients should be requested to the Center so that the caregiver there may discuss the situation with the treating physician.

*****Attempts to overcome the opiate blockade with escalating doses of self-administered opiate medication (oral or intravenous) is very dangerous and may result in overdose, respiratory failure and death.** In addition, the patient's tolerance to opiate drugs will decrease, and return to using, in particular with the previously used doses, renders the patient at risk for overdose. Any plans to use must be communicated immediately with the Center. The patient and family must implicitly understand these risks, and by signing below acknowledges these risks and indemnifies _____ (Center) and all of their caregivers and staff of any liability should non-adherence and overdose occurs. ***

-Every individual has a different path to recovery. Some patients require more attention and work, follow up visits, additional medications and techniques, and more intensive counseling sessions. Do not give up. Do not be discouraged. _____ (Center) will not give up on you, even if you feel like giving up on yourself.

I acknowledge that I have read and understand the above document. All questions have been answered.

Patient's Signature: _____ Date: _____

Designated Support Signature: _____ Date: _____

OPIATE USAGE WARNING

The chronic use of Opiate drugs results in various changes in brain chemistry. In particular, Dopamine receptors down-regulate and decrease in quantity over time requiring higher and higher doses of the drug to achieve a similar high. (Dopamine is the neurotransmitter that mediates the pleasure, euphoria, and seeking) This phenomenon is called tolerance.

Once an individual has remained abstinence for some time, even for a few days, there are resultant changes to the brain chemistry as the brain begins its process of repair. Tolerance to the drug will significantly diminish. During this time, the individual will have increased sensitivity to the drug and be **much more susceptible to overdose.**

As outlined in the *"Patient consent and contract,"* attempts to resume opiate/opioid use after any period of abstinence is very dangerous and confers a significantly higher risk of overdose. Tolerance to the drug will be significantly diminished. If relapse occurs, the individual must understand, acknowledge, and accept that previously used doses may result in overdose and death. In addition, _____ (Center) will not be held liable for any sequele as result of illegal or non-prescription use of any drugs.

The patient must call the recovery Center, the patient advocate, the recovery coach, sponsor, or immediately attend a group meeting shall serious considerations of using arise. If the patient does not follow these recommendations, and choses to use regardless, it is recommended to use significantly lower than previously abused doses, so as to decrease the risk of overdose.

I have read, understand, acknowledge, and accept the above document. All questions have been answered.

Date

Name/Signature

PATIENT PRE-OP INSTRUCTIONS

IMPLANT PROCEDURE

Patient should not have anything to eat after midnight if procedure is scheduled for the morning. A small breakfast is OK if procedure is in the afternoon. Small sips of water are OK up to 4 hours prior to scheduled procedure.

Please do not take Aspirin, Ibuprofen, Naproxen, or any NSAIDS for 5 days prior to procedure. If you are taking Aspirin for a cardiac condition, anticoagulants (blood-thinners) or Plavix, make sure to have discussed this with all involved physicians so an appropriate plan of action may be enacted.

You may receive additional instructions the morning of the procedure.

Please be aware you must have a ride home from the procedure. Driving is prohibited for 24 hours after the procedure.

Patient follow up will be 2-4 days after procedure. Suture removal will occur 10-14 days after procedure.

Printed Name_____

Patient Signature_____ Date_____

Witness Signature_____ Date_____

PATIENT POST-OP INSTRUCTIONS

IMPLANT PROCEDURE **POST-OP INSTRUCTIONS**

It is critical that these instructions are precisely followed for the best outcome and to avoid inflammation or infection.

Items Needed for Wound care – it is best to purchase these items before your procedure date

- Antibiotic ointment
- Gauze
- Q-tips
- Non-stick dressing, such as Telfa, along with paper tape OR a band-aid that will completely cover the incision

Prescriptions:

At your pre-op visit you will be given a list of medications by your Center caregiver. Again, it is best to purchase these items before your procedure.

General Instructions:

- **NO HEAVY LIFTING** or bending over for 1 week.
- Minimize activity for 6 weeks
- Keep dressing on for the first 2-3 days. During this time, keep the dressing clean and dry.
- Place ice or frozen pack on the incision/dressing for the first 48 hours to minimize swelling, bruising, and discomfort--20 minutes on, 20 minutes off.
- Pain after surgery is generally mild and tolerated. If you experience pain or discomfort, you may take NSAIDS such as Ibuprofen or Aleve.
- Bleeding or oozing at the surgical site may occur after surgery. If bleeding saturates and leaks through your dressing, move to a seated or lying position, and apply firm, continuous pressure with gauze and a clean, dry washcloth for 20 minutes. If there is still oozing, repeat pressure for another 20 minutes. Holding pressure will stop most post-operative bleeding. If not, please notify the clinic immediately or go to the nearest ER.
- 3 days after the procedure, you may shower and gently cleanse incision site with soap and water, but do not submerge in a tub or pool for 10 days.
- Patient will follow up with the clinic 2-4 days after procedure.
- Suture removal, if needed, will occur 10-14 days after procedure

Refrain from touching, rubbing, and manipulating the implants for the first 6 weeks. This may provoke an inflammatory reaction.

PATIENT POST-OP INSTRUCTIONS

Daily Wound Care:

- Starting on day 3 post-op, begin cleansing the incision daily with soap and water.
- Steri-strips may be in place across your wound. These are placed to support your incision and should be kept dry. After cleansing, gently blot the steri-strips with gauze, or use a hair dryer to ensure that the strips are completely dry.
- Gently apply OTC Extra Strength Benadryl cream and triamcinolone cream (as prescribed) to the implant area 3 times daily for 3 weeks. **DO NOT APPLY CREAMS OVER THE INCISION, ONLY OVER THE IMPLANT AREA.**
- Steri-strips will typically remain in place for 5-7 days. Some will inevitably fall off sooner. The ends of the strips may be trimmed as they lift up. Those that do fall off, leave them off. Do not try to re-apply them. If in 1 week the strips are still adherent, lightly peel them off, using ointment to loosen the adhesive.
- After the steri-strips come off, continue to cleanse the incision daily. After the incision is clean and completely dried by blotting gently with gauze, use cotton-tipped swabs to apply antibiotic ointment to your incision daily for the next week.
- Cover the incision with non-stick dressing secured with paper tape, or alternatively, you may use a band-aid that covers the incision. This keeps the ointment where it should be and also protects your clothing from the ointment. Keeping the wound moist with ointment will prevent formation of crusts or scabs that may slow down healing.

IMPORTANT: As explained, sometimes an allergic inflammatory reaction is seen with the implant. Call the Center immediately re any redness, swelling or itchiness to the implant site. We may need to prescribe stronger topical or oral anti-inflammatories. Also call if you experience persistent pain not relieved with pain medication or have any drainage, redness or warmth at incision site.

FREQUENTLY ASKED QUESTIONS

What is Naltrexone?

Naltrexone is a medicine that serves as an opioid receptor antagonist. It is used primarily in the treatment of alcohol and opioid dependence. Naltrexone blocks certain receptors in the part of the brain that triggers dopamine release and reinforces the compulsive addiction feedback loop. When these areas of the brain are blocked, the craving for alcohol and opiates is eliminated or significantly reduced. And if alcohol is consumed, the pleasure is very limited and the uncontrollable cascade of relapse is much less likely. If opiates are used, they will have no euphoric/pleasurable effect.

Why is the elimination of cravings important?

The freedom from the physical cravings for alcohol and drugs is critical. By removing the intrusive compulsion to drink or use, patients can refocus on their life, their relationships, their family, and the long-term psycho-social-behavioral aspect of the recovery. It is of particular importance during the first six months of recovery.

Is Naltrexone FDA approved?

Yes. Naltrexone was FDA approved in the pill form for the treatment of opiate addiction in 1984, and alcohol addiction in 1995.

Explain a compounded formulation.

The implant is a specially compounded, implantable formulation of naltrexone that is made specifically for each individual patient only after a prescription is written by a caregiver who deems that the individual patient is a good candidate for the implant formulation. Compounding is a common and legal process used by licensed pharmacies to create special formulations and/or combinations of FDA approved drugs based upon a doctor's prescription. The pharmacies that make each implant must strictly follow state and federal compounding laws. Naltrexone implants have been used successfully and safely worldwide for many years. Tens of thousands of patients have successfully undergone treatment.

Is Naltrexone addictive?

Naltrexone is not addictive, and there is no physical dependence. It does not produce a "high" or any feelings or sensations that could be considered pleasurable or addictive. In addition, there is no physical withdrawal when naltrexone wears off or is discontinued.

Does Naltrexone cure alcoholism or opiate addiction?

No. Alcoholism and drug addiction is a chronic, complex, and multi-factorial, life-long disease. There is no known cure. It should be considered a chronic brain disease. Alcoholism, as with most addictions, is a result of psychosocial and physiological malfunctions. **BOTH** the physical aspect and the psychosocial/ behavioral/emotional aspects of this disease should be addressed to have the highest chance of obtaining and maintaining, sobriety.

Why have I not heard of medicines available to assist alcoholics and addicts in their struggle?

This is a very good question. Addiction has been long been considered a behavioral issue or a moral failing, not a medical problem. Our country's treatment of addiction has been primarily behaviorally based, intended to help addicts make better choices. This approach has been challenging, unfortunately often resulting in creating shame, guilt and loss of self-esteem for those suffering relapse.

While a sincere effort has been made to treat addiction with the psycho-social/behavioral aspect of the illness, the overall success rates of addicts maintaining sobriety have remained abysmally low. Why is that? It is because the physiologic and pharmacologic aspect of treatment has been largely ignored and under-developed. Changing from a purely behavioral model to the medically assisted model modifies the view of addiction treatment.

Treating the incurable, life-long disease of addiction should be approached in a similar way to other chronic life-long diseases, employing a combination of psychosocial (counseling) physiological (health and nutrition) and pharmacological (medications such as naltrexone) modalities.

What are the common side effects of Naltrexone?

Naltrexone is a very safe and well-tolerated medicine. The most common side effects of naltrexone are nausea, diarrhea, headache, dizziness, fatigue, insomnia, and anxiety. If present, most side effects are mild and self-limiting. Often, it is difficult to determine whether the symptoms are true side effects, or a result the body's detoxification from chronic alcohol dependence. Although exquisitely rare, in supra-therapeutic doses naltrexone has been noted to have toxic effects on the liver, so routine blood testing of liver function should be performed prior to treatment and periodically during treatment. Uncommonly, patients may report depression or exacerbation of pre-existing mood disorders.

What are the potential complications from receiving a naltrexone implant?

Naltrexone is a very safe medication that has been used for many years. The implants are generally very well tolerated. Beside the side effects mentioned above, patients can report itching, tenderness, swelling, pain, irritation, inflammation, or infection around the surgical site. The majority of cases of irritation or inflammation resolve with time. Often, anti-histamines and topical and/or oral steroids are used to help treat the local inflammation. In cases of infection, antibiotics may be needed. In the very unlikely case of severe infection or inflammation, a doctor may recommend removal of the implant. The implant is contraindicated in patients with acute hepatitis, advanced liver disease, or kidney failure. Pregnant or breast feeding women should consult with their physician before beginning naltrexone treatment. The implant is surgically placed, and there will be a small linear surgical scar. Each individual scars differently. In some cases, a small nodule of fibrous tissue may remain palpable under the skin. Although very unlikely, as with any foreign body there is a risk of rejection, tissue breakdown, and necrosis that may require implant removal, debridement, and wound care.

How does naltrexone react with other medications?

Consult with your physician, but most medications can be taken while on naltrexone. It is important to let the doctor know what medications are being taken prior to naltrexone therapy so that any contraindications can be determined. Naltrexone will block the effect of opioid pain relievers so it is

important to notify medical personnel if you are receiving naltrexone treatment. It may also render cough and cold medications containing opioids ineffective. During naltrexone therapy, patients should have a medical card that can be carried discreetly in one's wallet or purse. In the event of an emergency or where a patient requires pain relief due to any medical circumstances, alternative analgesia may be administered in the hospital setting. In addition, the implant can be removed and narcotics administered after naltrexone is out of the patient's system. This can take several hours or days. There are a number of readily available alternative pain relievers that can be used in conjunction with naltrexone. Acetaminophen, Aspirin, Ibuprofen, Naproxen, Gabapentin, lidocaine patches, muscle relaxers, steroids, and various other alternative pain relief and anti-inflammatory medications may be used effectively while on naltrexone therapy.

If I am addicted to Opiates, can I have the implant?

Yes and No. Naltrexone is also FDA approved for the treatment of opiate addiction. Patients must detox and be completely off all opiates for 7-10 days prior to beginning naltrexone therapy. If successfully clear of opiates, the patient might then possibly be a candidate for naltrexone therapy. It must be understood that, in addition to diminishing some of the urge to use, naltrexone will altogether block the euphoric effect of any opiate or opioid medication.

Why is the counseling program necessary?

In addition to utilizing medicine to address the physical and neuro-biological aspect of the disease, patients will participate in intensive and individualized one-on-one sessions with recovery counselors. As discussed above, to obtain and maintain sobriety, the physical AND the psychosocial/behavioral aspect of addiction must be addressed. Naltrexone is a very effective tool that virtually eliminates the physical cravings when taken as prescribed. Once physical cravings are suppressed, the individual can focus entirely on the equally important and difficult psychosocial aspect of the addiction. Study after study indicates that medical therapy in combination with counseling is superior to medical or behavioral therapy alone.

It is critical to understand that addiction is a lifelong struggle. The BioCorRx Recovery Program has had remarkable success in establishing sobriety in the vast majority of program patients. Once successfully enrolled in the program, and liberated from the shackles of alcohol or drug addiction, patients are strongly encouraged to participate in support groups (12 step, or otherwise) on a long-term basis in order to maintain personal focus, lifelong surveillance and sobriety.

Does the BioCorRx Recovery Program support AA and other 12-step programs?

The BioCorRx Recovery Program has no association or affiliation with AA and is not considered to be in conflict with AA. That said, it is recognized that many in the throes of addiction are incapable of concentrating and absorbing the teaching of counselors, therapists, and group meetings. The ultimate goal of the BioCorRx program is simply to help as many individuals as possible to become sober, and to maintain sobriety. By eliminating the intrusive and overwhelming craving to drink through naltrexone therapy, patients can better ingest, digest, and apply the teachings and tools available to them from their counselors, therapists, and other support environments with which they feel most comfortable and consider useful. Support groups such as AA, SMART Recovery and others serve as a safe place to be constantly reminded of the risk of relapse, and typically provide programs and tools intended to help participants maintain long-term sobriety. The benefit of fellowship and camaraderie of group support in the recovery process cannot be overstated. Patients are strongly encouraged to explore various groups and tools, to select one or more that works for them, and to participate regularly.