



Orsini

Specialty Pharmacy Services

Phone: (800) 373-1406

Vivitrol Request Form

Fax Referral To: (847) 427-7975

Date: Needs by Date:

Ship to: Office Other:

PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name: Address: City, State, Zip: Home Phone: Alternate Phone: SS #: Primary Language: Date of Birth: Gender:

PRESCRIBER INFORMATION

Prescriber's Name: State License #: DE A #: Group or Hospital: Address: City, State Zip: Phone: Fax: Contact Person: Phone:

INSURANCE INFORMATION (Please copy and attach the front and back of insurance and prescription drug card)

Prescription Card: Name of Insurer: ID#: BIN: PCN: Group: Primary Insurance: Subscriber: ID#: Name of Insurer: Phone: Secondary Insurance: Subscriber: ID#: Name of Insurer: Phone:

STATEMENT OF MEDICAL NECESSITY

Diagnosis: Other Clinical Information: Alcohol Dependence: F10.20 F10.21 Opioid Dependence: F11.20 F11.21 F19.20 Date of Diagnosis: Is patient currently receiving opioid analgesics? Is patient currently opioid dependent? Is patient in opioid withdrawal? Does patient have liver disease? Allergies: Weight: Comments: Concomitant Medications: Patient has had prior detoxification... Patient has a history of non-compliance... Patient does not have a family or social support system... Patient has a co-occurring mental health condition...

Injection Administration/Home Health Coordination: Specialty Pharmacy to coordinate injection administration/home health nurse visit as necessary. Agency of choice: Injection administration/home health nurse visit coordination is not necessary. Date of treatment start: Reason: MD office to administer to patient Injection administration/home health nursing already coordinated

PRESCRIPTION INFORMATION

Table with 5 columns: Medication, Strength, Directions, Quantity, Refills. Row 1: Vivitrol, 380mg vial Kit, Administer 380mg intramuscularly every 4 weeks or once a month, One 380mg vial Kit (includes supplies),

Ancillary Supplies and Kits Provided As Needed for Administration

* Vivitrol Kit includes: Vial of Vivitrol microspheres Vial of diluent One 20G 1/2" preparation needle Two 20G 1 & 1/2" administer needles

X PRODUCT SUBSTITUTION PERMITTED (Date) X DISPENSE AS WRITTEN (Date)

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law.