

VIVITROL REFERRAL FORM

Phone (888) 370.1724 Fax (877) 645.7514
10004 S. 152nd St, Suite A, Omaha NE 68138



Patient Information			Prescriber Information		
Last Name	First Name	DOB	Practice/Facility Name		
Address			Address		
City	State	ZIP	City	State	ZIP
SSN	Allergies		Prescriber Name		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight (kg)	Height (ft,in)	Prescriber NPI		
Emergency Contact		Phone	Nurse/Key Contact		Phone/Pager
Insurance Plan	Plan ID #		Fax		

Injection site			
Clinic Name	Contact Name	Phone	
Address	City	State	ZIP

Diagnosis/Clinical Information	
Diagnosis: Opioid dependence, following opioid detoxification Alcohol dependence Diagnosis code: _____	
Has the patient been on therapy before: <input type="checkbox"/> Yes Date of last dose _____ <input type="checkbox"/> No	Please provide clinical documentation of response:
If the diagnosis is alcohol or drug dependence, will the patient abstain from using alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will treatment be part of a comprehensive management program that includes psychosocial support? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have any of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • Receiving opioid analgesics • With current physiologic opioid dependence • Is in acute opiate withdrawal • Failed the naloxone challenge test or has a positive urine screen for opioids OR • Who has acute hepatitis/liver failure 	
Concurrent meds:	

Prescription Information				
MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
Vivitrol®	380 mg	Inject 380 mg IM once every 4 weeks	1 month	

Date needed: ____/____/____ Medication delivery to (choose one): Prescriber Other:

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution: _____

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (Date) DISPENSE AS WRITTEN/Do Not Substitute (Date)

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