

**Vivitrol® Prior Authorization Request Form**

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)**Provider Information** (required)

Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)

Select the diagnosis below:

Alcohol dependence

Opioid dependence

Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Does the patient have history of alcohol dependence? Yes No

Does the patient have confirmed abstinence at treatment initiation? Yes No

Does the patient have history of opioid dependence? Yes No

Does the patient have confirmed opioid detoxification at treatment initiation? Yes No

Is there confirmation the patient is currently receiving appropriate counseling or actively participating in a recognized support group (e.g., Alcoholics Anonymous, Narcotics Anonymous)? Yes No

Reauthorization:

If this is a reauthorization request, answer the following questions:

Is there confirmation the patient has had clinical benefit while on Vivitrol therapy? Yes No

Is there confirmation the patient is currently receiving appropriate counseling or actively participating in a recognized support group (e.g., Alcoholics Anonymous, Narcotics Anonymous)? Yes No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note:

This request may be denied unless all required information is received.

For urgent or expedited requests please call 1-800-711-4555.

This form may be used for non-urgent requests and faxed to 1-800-527-0531. This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.** Office use only: Vivitrol_Comm_2017Jun-W