Home Infusion & Specialty Pharmacy
CHARTWELL SM

Vivitrol®
Referral Form

Auth #: _____ Auth Dates: _____ ☐ UPMC prior Auth form attached

Patient Information

Date: _____ Patient SS#: _____ ☐ Male ☐ Female

Patient's First Name: _____ Patient's Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____

DOB: _____ Wt: _____ Caregiver/Emergency Contact: _____ Phone #: _____

Allergies: _____ Latex: ☐ Yes ☐ No

Insurance Information

Primary Insurance: _____ Secondary Insurance: _____

Insured: _____ Insured: _____

Phone: _____ Phone: _____

Policy #: _____ Grp #: _____ Policy #: _____ Grp #: _____

ICD10

Diagnosis: Alcohol Dependence

- ☐ F10.229 Acute alcoholic intoxication in alcoholism unspecified drinking behavior
- ☐ F10.20 Acute alcolholic intoxication in alcoholism continuous drinking behavior
- ☐ F10.20 Other and unspecified alcohol dependence unspecified drinking behavior
- ☐ F10.20 Other and unspecified alcohol dependence continuous drinking behavior
- ☐ F10.20 Other and unspecified alcohol dependence episodic drinking behavior
- ☐ F10.21 Other and unspecified alcohol dependence in remission
- ☐ Other _____

Opioid Dependence

- ☐ F11.20 Opioid type dependence unspecified use
- ☐ F11.20 Opioid type dependence continuous use
- ☐ F11.20 Opioid type dependence episodic use
- ☐ F11.21 Opioid type dependence in remission
- ☐ F11.2___ (fifth digit required)
- ☐ Other _____

Prescription

Medication	Dose/Strength	Directions	Quantity	Refills
☐ Vivitrol®	380 mg	Inject 380 mg IM q4 weeks	1	

Prescriber Information

Date Shipment Needed: _____ Ship to: _____ Patient _____ Physician/Clinic

Ship to Other: _____

Physician's Name (please print): _____

Office Contact Name: _____

Phone #: _____ Fax #: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Physician's Signature: _____

I authorize Chartwell Pennsylvania Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

FAX: (412) 920-1869 PHONE: (800) 366-6020

updated 3/7/16