

**Vivitrol Referral
Form**
Prescription only valid
if faxed.
Fax: (270) 251-3571



DUNCAN

SPECIALTY PHARMACY

317 W. Broadway
Mayfield, KY 42066
Phone: 270-247-3725
Web: www.duncanrxcenter.com

PLEASE COMPLETE ALL FIELDS TO AVOID PROCESSING DELAYS

PRESCRIBER INFORMATION		PATIENT INFORMATION	
Prescriber Name:		Patient Name:	
State License #	DEA #	DOB:	SSN: Gender: M F
Prescriber Phone #	Fax #	Patient Address:	
Facility Name:	NPI #	City, State:	Zip:
Address:		Patient Preferred Phone Contact #	
City, State:	Zip:	Patient Email Address:	
Staff Contact Name:		Patient Diagnosis—Please complete the diagnosis code(s) you would like to use by filling in the additional digits.	
Staff Contact Phone #		Alcohol Dependence	
Staff Contact Email:		Opioid Dependence	
INJECTION PROVIDER INFORMATION		ICD-10	
Will your office/facility be injecting VIVITROL? <input type="checkbox"/> Yes, ALL doses <input type="checkbox"/> No, the doses will shipped to and administered by the following:		F10. _____ F11. _____	
Provider Name:		F10. _____ F11. _____	
Phone #		F10. _____ F11. _____	
Provider Address:		F10. _____ F11. _____	
City, State: Zip:		F10. _____ F11. _____	
		PATIENT HAS TRIED & FAILED THESE MEDICATION(S):	

PATIENT INSURANCE INFORMATION

*****ATTACH A COPY OF BOTH SIDES OF THE PATIENT'S INSURANCE CARD(S)*****
Pharmacy Benefit Plan (PBM)—Required for Co-Pay card activation

Payment Method Insured Paying Out-of-Pocket

PBM Name and Phone # _____

Policyholder Name _____

Relationship to Patient _____

Policy # _____

Rx Grp: _____

RxPCN: _____

Rx BIN# _____

PRESCRIPTION INFORMATION

o VIVITROL 380 mg x 1 unit inject 380 mg IM every 4 weeks or every 1 month

Refill _____ times (Complete refills to minimize interruption in 1 monthly VIVITROL therapy)

PROVIDER ATTESTATION *Prescriber signature must be the same as the prescriber name above

Prescriber's Signature: _____ Date: _____

By signing this form and utilizing our services, you are authorizing Duncan Specialty Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.