reliance|rx℠
45 Earhart Drive, Suite 110, Amherst, NY 14221

VIVITROL
AUTHORIZATION AND RE-AUTHORIZATION

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name:	Today's Date: Date Needed:		
Date of birth: Sex: Weight:		Prescriber:	Hospital/Clinic:
Home Phone Number: ( )		Phone Number: ( )	Fax Number: ( )
Home Address: City: State: Zip:		Address:	City: State: Zip:
Member's Insurance ID:		Office Phone :	Office Fax Number:
Allergies:		Office Contact:	

INITIAL AUTHORIZATION MEDICAL NECESSITY

-Is the patient abstinent from alcohol and opioid analgesics for at least 7 days prior to therapy initiation? ☐ Yes ☐ No

-Is the patient in acute opioid withdrawal? ☐ Yes ☐ No

-Is the patient subject to random toxicology screens? ☐ Yes ☐ No

-Is the physician administering the medication? ☐ Yes ☐ No

-Has the patient tried and failed to respond to or tolerate acamprosate or a contraindication to its use exists? ☐ Yes ☐ No

-Has the patient tried and failed to respond to naltrexone? ☐ Yes ☐ No

-Has the patient tried and failed to respond to buprenorphine/naloxone? ☐ Yes ☐ No

-The physician has signed a behavioral contract with this patient outlining treatment plan and what is expected? ☐ Yes ☐ No

-Please document patient's prescribed comprehensive treatment plan

_____

_____

-The physician provides the patient with the medication guide before starting each injection and encourages the patient to ask questions about what they have read. ☐ Yes ☐ No

-The physician has signed a behavioral contract with this patient outlining treatment plan and what is expected? ☐ Yes ☐ No

-Is the patient currently enrolled in a psychosocial support group? ☐ Yes ☐ No

If yes, provide details (i.e. name of counselor, program, contact phone number, frequency of visits, ect.)_____

_____

_____

_____

RE-AUTHORIZATION MEDICAL NECESSITY

-The physician provides the patient with the medication guide before starting each injection and encourages the patient to ask questions about what they have read. ☐ Yes ☐ No

-Is patient compliant with medication? ☐ Yes ☐ No

-Is patient compliant with appointments? ☐ Yes ☐ No

-The patient had has no positive screens for opioids? ☐ Yes ☐ No

-The physician provides the patient with the medication guide before starting each injection and encourages the patient to ask questions about what they have read. ☐ Yes ☐ No

I,_____,MD

Verify that patient demonstrates continued progress and can attest patient participates in psychosocial management with:

☐ **NEW AUTHORIZATION** ☐ **RE-AUTHORIZATION**

DOSE:_____

FREQUENCY:_____

EXPECTED DURATION OF THERAPY:_____

DIAGNOSIS:_____

ICD10 CODE:_____