



Specialty Pharmacy Services Enrollment Form

Phone: (844) 431-7277

Fax: (844) 432-7277

New York Prescribers, please submit an electronic prescription together with the Enrollment Form

Vivitrol

For pharmacy locations, please scan QR code.



PATIENT INFORMATION

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: M F	Weight:	Height:	Diabetic: Y N
Address:		Allergies:				
City:	State:	Zip:	Home Phone: ( )	Work or Cell: ( )		
HIPAA Contact:		Emergency #: ( )			Interpreter Needed: Y N	

PRESCRIBER INFORMATION

Prescriber Name:	MD DO NP PA	NPI:
Office Contact:	Supervising Physician, if applicable:	
Address:		City: State: Zip:
Phone:	Fax:	

INSURANCE INFORMATION | PLEASE SEND COPY OF INSURANCE CARD

Primary Insurance:	Policy ID:	Group #:
Policyholder Name:	Policyholder DOB: / /	BIN: PCN:

CLINICAL INFORMATION | PLEASE SEND COPY OF PROGRESS NOTES AND LAB REPORTS SUPPORTING DIAGNOSIS

ICD-10/Diagnosis Code:	F10.20 Alcohol dependence, uncomplicated	F10.21 Alcohol dependence, in remission	F11.20 Opioid dependence, uncomplicated	F11.21 Opioid dependence, in remission
	F19.20 Other Psychoactive substance dependence, uncomplicated	F19.21 Other Psychoactive substance dependence, in remission	Other: _____	
Date of Diagnosis: / /	Needs By Date: / /	Deliver To: Prescriber Office Patient Other: _____		

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Sig	Quantity	Refills
VIVITROL®	380mg Vial Kit (IM Injection)	Administer 380mg IM every 4 weeks (28 days)	One 380mg Vial Kit, including: 1 - 380mg vial of Vivitrol microspheres 1 - 4ml vial of diluent 1 - 5ml prepackaged syringe 1 - 1-inch 20-gauge needle 2 - 1 1/2-inch 20-gauge needles w/ needle protection device 2 - 2-inch 20-gauge needle w/ needle protection device	

Additional Instructions:

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

Prescriber Signature:	Date Issued: / /
Substitution Permitted	

Prescriber Signature:	Date Issued: / /
Dispense as Written	

Interchange is mandated unless the practitioner indicates 'Dispense as Written' or 'No Substitution' in accordance with the law.