

**Vivitrol® (naltrexone injection) Pre-Determination**

Complete form in its entirety and fax to (888)309-9672



Click on grey boxes to type

Request Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Initial Authorization Request       Re-Authorization Request; List Prior Auth Ref #: \_\_\_\_\_

Medication(s) is to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions (800-824-2642)

1. PATIENT INFORMATION			
Patient Last Name	Patient First Name	Empire ID Number	Patient DOB / /
Address	City	State / Zip Code /	Contact Phone Number ( ) -
Date of Diagnosis / /	Primary Diagnosis	ICD-9 Code(s)	Patient's Current Weight

2. PHYSICIAN INFORMATION			
Physician Last Name	Physician First Name	Physician DEA or NPI Number	Physician Tax ID
Address	City	State	Zip Code
Office Phone Number ( ) -	Office Fax Number ( ) -	Office Contact Name and ext.	Physician Specialty

3. MEDICATION INFORMATION – This section serves as the active prescription – signature required.			
Drug Name <b>Vivitrol</b>	HCPCS or CPT Code(s) <b>J2315</b>	Strength / Dose	
Direction for Use (SIG)			
Date patient is scheduled to be treated (need by date) / /	Service From Date / /	Service Thru Date / /	Number of Refills
Place of Service <input type="checkbox"/> MD Office <input type="checkbox"/> Pt's Home <input type="checkbox"/> Other: (please specify)			
Prescriber Signature			Date / /

Vivitrol® (naltrexone injection) Pre-Determination

Complete form in its entirety and fax to (888)309-9672



4. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: To avoid delays, please complete this form in its entirety. Incomplete forms that are missing pertinent information will be pended. If indicated, please provide ALL supporting lab results, progress notes, etc.

(1) Alcohol Dependence

- Is pt being treated for alcohol dependence?
Did pt have an initial response and tolerated oral naltrexone (Revia®) but is unable to comply with daily dosing?
Is pt able to abstain from alcohol for at least 7 days in an outpatient setting prior to treatment initiation?
Is pt actively drinking at the time of initial Vivitrol administration?
Is pt actively participating in a comprehensive rehabilitation program that includes psychosocial support?
Is pt currently taking opioid analgesics?
Is pt physiologically dependent on opioids?
Is pt currently in acute opioid withdrawal?
Does pt have a positive urine screen for opioids?
Did pt fail a naloxone challenge test?
Does pt have acute hepatitis?
Does pt have liver failure?
Does pt have a previous hypersensitivity to naltrexone, 75:25 polyactide-co-glycolide (PLG), carboxymethylcellulose or any other component of the diluent?

(1) Other Use(s) (This will not be reviewed unless all supporting evidence/documentation, labs, etc., are attached.)

5. PHYSICIAN SIGNATURE

Signature line and date line ( / / )

Prescriber Signature

Date

Pre-determination is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify Empire Utilization Management. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.