POLARIS SPECIALTY RX

Fax: 800.540.3400
Phone: 800.540.4700

To ePrescribe, send prescription to:
Polaris Specialty Pharmacy
410 Cloverleaf Drive
Baldwin Park, CA 91706
NPI: 1053486795

VIVITROL ORDER FORM

Ship to: ☐ Patient ☐ Physician ☐ Other **Need:** ☐ Nurse ☐ Training
All supplies, including syringes and needles, will be dispensed if needed.

Patient Information

Patient Name: _____ DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Alternate Contact Name: _____ Alt Contact Phone: _____

Gender: ☐ Male ☐ Female Allergies: _____ E-Mail: _____

PLEASE ATTACH COPIES OF FRONT AND BACK OF PATIENT'S PRESCRIPTION INSURANCE CARDS AND MOST RECENT LABS

Clinical Information

Include patient chart notes with order form

Diagnosis: Date of diagnosis: _____
☐ F10.20 Alcohol Dependence
☐ F11.20 Opioid Dependence
☐ Other Diagnosis: _____

Screening:
☐ Urine drug screen within 7 days
☐ Naloxone challenge test within 7 days
☐ Alcohol screening within 7 days
☐ No alcohol/opiods within previous 7 days of request

Participation:
☐ Enrolled in psychosocial support/treatment program

Tried and Failed History

☐ Naltrexone ☐ Methadone ☐ Disulfiram
☐ Suboxone ☐ Acamprosate ☐ Other: _____

Duration: _____ Response: ☐ Intolerant ☐ Ineffective ☐ Contraindicated
☐ Side effects: _____ Other: _____

Prescription

Medication	Directions	Quantity	Refills
Vivitrol 380mg Dose Pack	☐ Inject 380mg IM every 4 weeks ☐ Other, please indicate directions below: _____	1 _____	_____ _____

Prescriber Information

PRIOR AUTHORIZATION

Prescriber Name: _____ NPI: _____ DEA: _____ LIC#: _____

Address: _____

City: _____ Zip: _____ Tel: _____ Fax: _____

Contact Person: _____ E-Mail: _____

PRESCRIBER SIGNATURE
(Prescriber, please sign and date below)

No stamps. Signature and date must be completed in prescriber s handwriting.
NY prescriptions must be submitted via e script.

I authorize Polaris Specialty Pharmacy and its representatives to act as an agent to initiate and execute prior authorization for the above patient in order to expedite the process, please provide chart notes and most recent labs.

Physician's Signature: _____ ☐ **Dispense as written (DAW) Date:** _____/_____/_____

Updated 02/06/2024