

1 PATIENT INFORMATION:

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Alt Phone: _____
 Email: _____
 DOB: _____ M F Last 4 of SSN: _____

2 PRESCRIBER INFORMATION:

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 NPI: _____ DEA: _____
 Office Contact: _____ Phone: _____

3 INSURANCE INFORMATION: Please attach front and back copies of prescription/medical insurance card(s).

4 CLINICAL INFORMATION: To expedite prior authorization, please attach relevant clinical documentation.

Primary ICD-10: _____ Allergies: NKDA _____

Does the patient have a history of failure, contraindications or intolerance to clonidine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient a candidate for buprenorphine or methadone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the patient experienced withdrawal from the lowest dose of an opioid taper?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the patient been on opioids for at least the last three weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the patient be discontinuing opioids in the next 7 days or given Vivitrol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information: _____

PRESCRIPTION INFORMATION:

Medication and Directions	Qty	Refills
<input type="checkbox"/> Lucemyra 0.18 mg tablets		
<input type="checkbox"/> Take 3 tablets po QID on Days 1-7. Take 2 tablets po QID on Day 8. Take one tablet po QID on Day 9, then discontinue.	96	0
<input type="checkbox"/> Take 1-4 tablets po QID guided by symptoms for up to 14 days. To discontinue, reduce by one tablet per dose over 2 to 4 days.	192	0
<input type="checkbox"/> Other:		0

I authorize Pharmaca and its affiliates to act on my behalf to obtain prior authorization and/or other assistance if applicable. I acknowledge that prior authorization/payment is not guaranteed.

PHYSICIAN SIGNATURE REQUIRED
 x _____ x _____
 Substitution Permitted Date Dispense as Written Date