



IMPORTANT UPDATE:
Reorder Office-Based Medications Online 24/7
It's the easiest, most secure way to reorder.
Please begin using our online submission process at
<https://specialty.optumrx.com/provider>

MENTAL HEALTH REFILL SHIPMENT REQUEST

Please complete for all patient refills and return with any pertinent patient information.

Fax: 866-926-0463 Phone: 877-409-9347

PATIENT INFORMATION

Name: _____ Date of birth (mm/dd/yyyy): _____

REFILL INFORMATION

Date of next injection: _____

Date of next requested delivery (delivery LIMITED to Tuesday–Friday):

* Urgent turn around necessary, please call pharmacy

Patient/guardian/caregiver provides consent/authorization to ship medication to physician? ___Yes ___No

Please send my next shipment to the Provider shipping address listed below. I authorize Optum® Specialty Pharmacy to bill my insurance company for the shipment and that I am financially responsible for any copay/coinsurance and amounts not covered by my insurance that is associated with these shipments. I understand that either myself, or an authorized representative will need to contact Optum Specialty Pharmacy indicated above should circumstances change and I no longer need this next shipment.

Patient/guardian/caregiver signature: X _____

PROVIDER INFORMATION

Office contact: _____

Deliver to address: _____

Office Hours: _____

If there has been a change in insurance, please include copies of both sides of card.

If there are changes to the patients next refill please fax new prescription to

Fax: 866-926-0463

If you wish to discontinue treatment/shipments for this patient, please call the pharmacy at

Phone: 855-427-4682

DRUGS

- | | | |
|---|---|--|
| <input type="checkbox"/> Abilify Maintena® (aripiprazole) | <input type="checkbox"/> Invega® Sustenna® (paliperidone palmitate) | <input type="checkbox"/> Vivitrol® (naltrexone IM) |
| <input type="checkbox"/> Aristada (aripiprazole lauroxil) | <input type="checkbox"/> Prolixin® (fluphenazine decanoate) | <input type="checkbox"/> Zyprexa® Relprevv™ (olanzapine) |
| <input type="checkbox"/> Haldol® Decanoate (haloperidol deconate) | <input type="checkbox"/> Risperdal® Consta® (risperidone) | <input type="checkbox"/> Other |

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