

# Lucemyra® PRESCRIPTION FORM

Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

**Owl Specialty Pharmacy**  
 1010 E. Arrow Hwy., Covina, CA 91724  
 Phone: 626-209-8169 Fax: 626-209-8171 or 855-817-9523  
[www.owlspecialty.com](http://www.owlspecialty.com)



Patient Information: please provide a copy of the patient's insurance card or information					
Patient Name:		DOB:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	HT:	WT:
Address:		City:	State:	Zip Code:	Phone:
Insurance: (Please include copy of card)	Subscriber's name:		ID#:	Group #:	
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> List allergies:					
Clinical Diagnosis: please fax or email relevant clinical notes, labs, tests and previous medical history to expedite prior authorization					
Diagnosis/ ICD-10 <input type="checkbox"/> F11.23 Opioid Dependence w/ Withdrawal <input type="checkbox"/> Other _____					
Has the patient tried/failed, or does the patient have a contraindication to, or has the patient experienced an adverse reaction and/or intolerance to any/all of the following medications (tried and failed required for Lucemyra approval):					
<input type="checkbox"/> Clonidine <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Suboxone (Buprenorphine/Naloxone) <input type="checkbox"/> Methadone					
Prescription Information					
Medication	Dose / Strength	Directions	Quantity		
Lucemyra®	0.18 mg tablets	Take 1-4 tablets PO 4x daily as guided by symptoms. Decrease by 1 tab/dose over 2-4 days. May be taken without food.	<input type="checkbox"/> 192		
Lucemyra®	0.18 mg tablets	Take 3 tablets PO 4x daily on days 1-7, then 2 tablets PO 4x daily on day 8, then 1 tablet PO 4x daily, then discontinue.	<input type="checkbox"/> 96		
Other:					
Prescriber Information					
Prescriber name:			Phone:	Office contact name:	
Prescriber address:		City:	State:	Zip:	
NPI:	DEA:	Fax and/or Email:			
Prescriber signature:			Date:	<input type="checkbox"/> DO NOT SUBSTITUTE	

**Important Notice:** This facsimile transmission is intended to be delivered only to the named recipient(s), and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named recipient, immediately notify the sender at the address and phone number set forth herein and obtain instructions as to properly dispose of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except authority of the sender to the named addressee.