Prior Authorization Form

Buprenorphine and Naloxone (SUBOXONE®)/Buprenorphine (SUBUTEX®)

ONLY COMPLETED REQUESTS WILL BE REVIEWED

☐ **Initial Authorization request** ☐ **Re-Authorization request**

Drug Requested: *(check one)*

☐ **Suboxone** ☐ **Subutex** ☐ **Other** ______________

Dose ______________________ **Quantity/Day supply** ____________________

Date: ___________________________ Patient ID#: ________________ DOB:___________

Patient Name: ________________________________ Provider NPI: ________________________________

Prescribing Physician: __________________________ Office Contact: ______________________________

Office Fax #: ________________________________ Office Phone: ________________________________

ONLY COMPLETED REQUESTS WILL BE REVIEWED

1. DIAGNOSIS FOR DRUG REQUESTED:

☐ Opioid dependence
☐ Other (specify)_____________________________

2. PATIENT HISTORY:

a. Does the provider have a Drug Addiction Treatment Act (DATA) waiver? ☐ Yes ☐ No*

Special identification number must be provided here: _______________________________________

b. Is the medication going to be used for induction phase treatment? ☐ Yes ☐ No ☐ N/A

c. Does the patient have contraindication/intolerance to Suboxone? ☐ Yes ☐ No ☐ N/A

d. Is the patient pregnant? ☐ Yes ☐ No ☐ N/A

RE-AUTHORIZATION REQUESTS ONLY:

e. Does the patient participate in comprehensive addiction care (this includes non-pharmacological interventions such as drug abuse counseling, self help programs, behavioral therapy and other psychosocial services)? ☐ Yes ☐ No

f. Has the patient had a urine toxicology screen? ☐ Yes ☐ No ☐ N/A

Please add any other supporting medical information that may be useful in the decision-making process:

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FAX: (888) 671-5285 or EMAIL: FSS_Standard_Medicare@catalystrx.com
YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX OR MAIL

*** If prescriber does not have a DATA waiver number, documentation must be provided that prescriber has applied for it**

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield. Independent licensees of the Blue Cross and Blue Shield Association.