

**FORWARDHEALTH  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR SUBOXONE AND  
BUPRENORPHINE**

**Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Suboxone and Buprenorphine Completion Instructions, F-00081A. Providers may refer to the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spaga](http://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spaga) for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) for Suboxone and Buprenorphine form signed by the prescriber before calling Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) or submitting a PA request on the Portal or on paper. Providers may call Provider Services at (800) 947-9627 with questions.

**SECTION I — MEMBER INFORMATION**

1. Name — Member (Last, First, Middle Initial)

2. Member Identification Number

3. Date of Birth — Member

**SECTION II — PRESCRIPTION INFORMATION**

4. Drug Name (Check One)  Suboxone film  
 Buprenorphine tablet  
 Suboxone tablet

5. Drug Strength (Check Strength[s])  2 mg  8 mg

6. Date Prescription Written

7. Refills

8. Directions for Use

9. Name — Prescriber

10. National Provider Identifier (NPI) — Prescriber

11. Address — Prescriber (Street, City, State, ZIP+4 Code)

12. Telephone Number — Prescriber

**SECTION III — CLINICAL INFORMATION (Required for all requests.)**

13. Diagnosis Code and Description

14. Is the member 16 years of age or older?  Yes  No

15. Does the prescribing physician have a valid Drug Addiction Treatment Act (DATA 2000) waiver allowing him or her to prescribe Suboxone and buprenorphine for opioid dependence?  Yes  No

If yes, enter the prescribing physician's "X" Drug Enforcement Administration (DEA) number in the space provided.

16. Is the member taking any other opioids, tramadol, or carisoprodol?  Yes  No

If yes, list the drugs taken and the dates they were taken in the space provided.

17. Does the member have any untreated or unstable psychiatric conditions that may interfere with compliance?  Yes  No

If yes, list the conditions in the space provided.

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**SECTION III — CLINICAL INFORMATION (Required for all requests.) (Continued)**

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18. Is the member pregnant or nursing?  Yes  No

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**SECTION IV — ATTESTATION**

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The U.S. Department of Health and Human Services endorses the Federation of State Medical Boards — Model Policy Guidelines for Opioid Addiction Treatment. The prescribing physician agrees to follow these guidelines, including:

- The patient should receive opioids from only one physician and/or pharmacy when possible.
- The physician should employ the use of a written agreement between the physician and patient addressing issues such as:
  - Alternative treatment options.
  - Regular toxicologic testing for drugs of abuse and therapeutic drug levels.
  - Number and frequency of all prescription refills.
  - Reasons for which drug therapy may be discontinued.
- Continuation or modification of opioid therapy should depend on the physician's evaluation of progress toward stated treatment objectives such as:
  - Absence of toxicity.
  - Absence of medical or behavioral adverse effects.
  - Responsible handling of medications.
  - Compliance with all elements of the treatment plan, including recovery-oriented activities, psychotherapy, and/or psychosocial modalities.
- Abstinence from illicit drug use.

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19. Has the prescribing physician read the attestation statement?  Yes  No

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20. Does the prescribing physician agree to follow the guidelines set forth by State Medical Boards for opioid addiction treatment?  Yes  No

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21. **SIGNATURE** — Prescriber

22. Date Signed

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**SECTION V — ADDITIONAL CLINICAL INFORMATION FOR BUPRENORPHINE TABLET REQUESTS (Complete for pregnant or nursing women only.)**

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23. Is the member pregnant?  Yes  No

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24. Is the member nursing?  Yes  No

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25. Has the prescribing physician discussed with the member that methadone maintenance is the standard of care for opioid addiction treatment in pregnant or nursing women?  Yes  No

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26. Has the prescribing physician informed the member about the limited safety data for the support of buprenorphine use in pregnant or nursing women?  Yes  No

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**SECTION VI — ADDITIONAL CLINICAL INFORMATION FOR SUBOXONE TABLET REQUESTS**

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27. Provide detailed clinical information why the member cannot use Suboxone film and why it is medically necessary that the member receive Suboxone tablets instead of Suboxone film.

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**SECTION VII — AUTHORIZED SIGNATURE**

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28. **SIGNATURE** — Prescriber

29. Date Signed

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**SECTION VIII — FOR PHARMACY PROVIDERS USING STAT-PA**

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30. National Drug Code (11 Digits)	31. Days' Supply Requested (Up to 183 Days)
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32. NPI

33. Date of Service (MM/DD/CCYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)

34. Place of Service

35. Assigned PA Number

36. Grant Date	37. Expiration Date	38. Number of Days Approved
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**SECTION IX — ADDITIONAL INFORMATION**

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39. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may be included here.

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