

**FORWARDHEALTH  
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)  
FOR OPIOID DEPENDENCY AGENTS – BUPRENORPHINE**

**Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Opioid Dependency Agents – 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.spage](http://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage) for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) for Opioid Dependency Agents – Buprenorphine form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the Portal, by fax, or by mail. 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

Other \_\_\_\_\_

5. Drug Strength [Check Strength(s)]

Suboxone® Film  2 mg  4 mg  8 mg  12 mg

Other  1.4 mg  2 mg  5.7 mg  8 mg

Or \_\_\_\_\_ 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 PA requests.)**

13. Diagnosis Code and Description

14. Is the member 16 years of age or older?

Yes  No

15. Does the prescriber have a valid Drug Addiction Treatment Act (DATA 2000) waiver allowing him or her to prescribe buprenorphine-based agents for opioid dependency treatment?

Yes  No

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

16. Has the prescriber read the educational brochure titled "Office-Based Buprenorphine Therapy for Opioid Dependence: Important Information for Prescribers" provided through the Buprenorphine-containing Transmucosal products for Opioid Dependence (BTOD) Risk Evaluation and Mitigations Strategy (REMS) program?

Yes  No

If yes, has the prescriber communicated the key messages to the member about the risks of accidental overdose, misuse, and abuse while taking products covered under the BTOD REMS program?

Yes  No

*Continued*



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

17. 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.

18. Has the member been receiving BTOD treatment for greater than two years?  Yes  No

If yes, is the member being maintained on a daily dose of 12 mg or less of BTOD?  Yes  No

19. Is the member taking any benzodiazepines?  Yes  No

If yes, is the prescriber of the BTOD also the prescriber of the benzodiazepines?  Yes  No

20. Is the member pregnant?  Yes  No

**SECTION IV – ATTESTATION**

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 member should receive opioids from only one member 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.

21. Has the prescriber read the attestation statement?  Yes  No

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

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

23. Indicate the member's expected delivery date (MM/DD/CCYY).

\_\_\_ / \_\_\_ / \_\_\_\_\_

24. Has the prescriber discussed with the member that methadone maintenance is the standard of care for opioid addiction treatment in pregnant women?  Yes  No

25. Has the prescriber informed the member about the limited safety data for the support of buprenorphine use in pregnant women?  Yes  No

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**SECTION VI – ADDITIONAL CLINICAL INFORMATION FOR NON-PREFERRED BUPRENORPHINE-NALOXONE DRUG REQUESTS (Prior authorization requests for a non-preferred buprenorphine-naloxone drug must be submitted on paper.)**

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26. Provide detailed clinical justification for prescribing a non-preferred buprenorphine-naloxone drug instead of Suboxone® film, including clinical information why the member cannot use Suboxone® film and why it is medically necessary that the member receive a non-preferred buprenorphine-naloxone drug instead of Suboxone® film.

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**SECTION VII – AUTHORIZED SIGNATURE**

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27. SIGNATURE – Prescriber

28. Date Signed

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

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29. National Drug Code (11 Digits)

30. Days' Supply Requested (Up to 183 Days)

31. NPI

32. 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.)

33. Place of Service

34. Assigned PA Number

35. Grant Date

36. Expiration Date

37. Number of Days Approved

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**SECTION IX – ADDITIONAL INFORMATION**

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38. 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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