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 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 ID Number	3. Date of Birth – Member

SECTION II – PRESCRIPTION INFORMATION

4. Drug Name	5. Drug Strength
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 of 2000 (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 drug(s) taken and the dates they have been 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 provider 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

Continued

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.)

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

SECTION VII – AUTHORIZED SIGNATURE

27. **SIGNATURE** – Prescriber	28. Date Signed

SECTION VIII – FOR PHARMACY PROVIDERS USING STAT-PA

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

SECTION IX – ADDITIONAL INFORMATION

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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