

**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 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 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. Phone 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. 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.

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DT-PA081-081

SECTION VII – FOR PHARMACY PROVIDERS USING STAT-PA

25. National Drug Code (11 Digits)	26. Days' Supply Requested (Up to 183 Days)
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27. NPI

28. Date of Service (mm/dd/ccyy) (For STAT-PA requests, the date of service may be up to 31 days in the future or up to 14 days in the past.)

29. Place of Service

30. Assigned PA Number

31. Grant Date	32. Expiration Date	33. Number of Days Approved
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SECTION VIII – ADDITIONAL INFORMATION

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