## 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 <u>www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage</u> 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 (NP	I) – 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? U Yes U 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	D No		
If yes, list the drug(s) taken and the dates they have been taken in the space provided.					



Continued

7. Is the member pregnant?	<b></b> Y	es 🛛 No
If yes, indicate the member's expected delivery date (mm/dd/ccyy).		
//		
ECTION IV – ADDITIONAL CLINICAL INFORMATION FOR NON-PREFERRE EQUESTS (PA requests for a non-preferred buprenorphine-naloxone drug		
<ol> <li>Provide detailed clinical justification for prescribing a non-preferred buprenor Zubsolv, including clinical information why the member cannot use both Subo</li> </ol>		
necessary that the member receive a non-preferred buprenorphine-naloxone		

## SECTION V – ADDITIONAL CLINICAL INFORMATION FOR SUBLOCADE REQUESTS (PA requests for Sublocade must be submitted on paper.)

19. Does the member have a moderate to severe opioid use disorder?	C Yes		No		
20. Has the member been initiated on treatment with a transmucosal buprenorphrine-con product delivering the equivalent of 8 mg to 24 mg of buprenorphine daily?	Yes		No		
If yes, provide the member's current transmucosal buprenorphine daily dose and the date therapy was initiated.					
Daily Buprenorphine Dose mg Start Date / Month	// Day	Year			
21. Will Sublocade be used as part of a complete treatment program that includes counse and psychosocial support?	eling	Yes		No	
22. Has the prescriber evaluated the member and determined that a monthly provider-administenance injection of Sublocade is a clinically appropriate treatment regimen?	C Yes		No		
SECTION VI – AUTHORIZED SIGNATURE					
23. SIGNATURE – Prescriber	24. Date Signed	k			
	1			Continued	

## PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR OPIOID DEPENDENCY AGENTS – BUPRENORPHINE F-00081

SECTION VII – FOR PHARMACY PROVIDERS USING STAT-PA						
25. National Drug Code (11 Digits)	26. Days' Su	26. Days' Supply Requested (Up to 183 Days)				
27. NPI						
<ol> <li>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.)</li> </ol>						
29. Place of Service						
30. Assigned PA Number						
31. Grant Date	32. Expiration Date	33. Number of Days Approved				

## 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.