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/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms 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 – 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 waiver allowing them to prescribe buprenorphine-based agents for opioid dependency treatment? ☐ Yes ☐ No

If yes, enter the prescriber's "X" Drug Enforcement Administration 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.

17. Is the member pregnant? ☐ Yes ☐ No

If yes, indicate the member's expected delivery date (mm/dd/ccyy).

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SECTION IV – ADDITIONAL CLINICAL INFORMATION FOR NON-PREFERRED BUPRENORPHINE-NALOXONE DRUG REQUESTS (PA requests for non-preferred buprenorphine-naloxone may not be submitted via STAT-PA.)

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

SECTION V – AUTHORIZED SIGNATURE

19. **SIGNATURE** – Prescriber	20. Date Signed

SECTION VI – FOR PHARMACY PROVIDERS USING STAT-PA

21. National Drug Code (11 Digits)	22. Days' Supply Requested (Up to 183 Days)

23. National Provider Identifier

24. 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.)

25. Place of Service

26. Assigned PA Number

27. Grant Date	28. Expiration Date	29. Number of Days Approved

SECTION VII – ADDITIONAL INFORMATION

30. 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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