BUPRENORPHINE AND BUPRENORPHINE/NALOXONE PRIOR AUTHORIZATION REQUEST FORM

This form is for authorization of prescription drug benefits only and must be COMPLETELY filled out.

Patient Shame Presents City Date of Birth from Address City PRESCRIBER INFORMATION Prescriber Name Produce Address City State Zip Defice Proces City State Zip Office Proces Specialty: Network of Specialty: Network of Specialty: Network of Specialty: SECTION I: TREATMENT INFORMATION (Flower output Specialty): SECTION II: TREATMENT INFORMATION (Flower output Specialty): SECTION II: TREATMENT INFORMATION (Flower output Specialty): SECTION II: TREATMENT INFORMATION (Flower output Specialty): Prescriber and section of the four questions above, while it it is read call necessity for prescribing Subjected", rather than busenconductoring for read-information or inhallower output Specialty for prescriber and section of the output Special records documentation or inhallower output Specialty (Flower output Specialty): Prescriber has verified that the patient is currently enrolled in an output Specialty output Specialty output Specialty (Flower output Specialty): Prescriber and attacked an initial interacent plan including current beastless in during a disclain of machiners output Special output Special output Special output Specialt							
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Please complete the following for Subutex® requests only: Is the member pregnant? Yes No If yes, anticipated date of delivery: Does the member have a documented allergic reaction or intolerance to naloxone? Yes No If yes, provide medical records documenting the reaction. If you answered "No" to the two questions above, what is the medical necessity for prescribing Subutex®, rather than buprenorphine/naloxone, for this member. SECTION II: Please complete this section for induction and stabilization authorization requests only.			ections:		Total Quantity:		
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SUBMISSION INSTRUCTIONS

FAX

You may fax the signedand completed form to Pharmacy Review at:

1-866-606-6021

MAIL

You may mail the signed and completed form to:

Pharmacy Review
Post Office Box 529 • Auburn, AL 36381