

## ~BUPRENORPHINE ~

### Prior Authorization Request Form

Vermont Medicaid has established criteria for prior authorization of buprenorphine (Suboxone<sup>®</sup>, Subutex<sup>®</sup>). These criteria are based on concerns about safety and the potential for abuse and diversion. For beneficiaries to receive coverage for this drug, prescribers must telephone or complete and fax this form to MedMetrics Health Partners. Please complete this form in its entirety and sign and date below. Incomplete requests will be returned for additional information.

**Submit request via: Fax: 1-866-767-2649 or Phone: 1-800-918-7549**

**Prescribing physician:**

 Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person at Office: \_\_\_\_\_

**Beneficiary:**

 Name: \_\_\_\_\_  
 Medicaid ID #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

**Pharmacy** (if known): \_\_\_\_\_ Phone: \_\_\_\_\_ &/or FAX: \_\_\_\_\_

### QUALIFICATIONS

<b>MDs</b>	Prescribers must have special 'X' DEA license in order to prescribe. Prescribers must also have the capacity to refer patients to an evidence-based substance abuse counseling and monitoring program and have no more than 30 patients on Buprenorphine.
<b>Patients</b>	Patients must have a diagnosis of opiate abuse confirmed. Patients must also have been advised of other treatment options, and have signed an informed consent form or treatment contract.

### PROCESS

► Answer the following questions:

Has <b>MD</b> been oriented by OVHA Medical Director regarding buprenorphine guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this is a <b>new patient</b> , is he/she free of any special considerations? These include: hepatitis, pregnancy, CAD/dual diagnosis/psych med/hx of suicidal ideation/continued substance abuse (benzo/ETOH)/hx of treatment failure, incarceration or poor psychosocial-supportive environment)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If this is an <b>established patient</b> , has he/she been compliant with MD appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If this is an <b>established patient</b> , has he/she been referred to an evidence-based substance abuse counseling and monitoring program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

► If all answers are YES or N/A, then fax form to MedMetrics Health Partners.

► If any answers are NO, then you must fax this form to Dr. Strenio, OVHA Medical Director, at 802-879-5963.

**If Agent, please print name:** \_\_\_\_\_

**Prescriber/Agent Signature:** \_\_\_\_\_ **Date of request:** \_\_\_\_\_