



**Request for Prior Authorization  
Buprenorphine/Naloxone**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

**Strength**

**Dosage Instructions**

**Quantity**

**Days Supply**

**Diagnosis:** \_\_\_\_\_

**Initial Requests:**

Prescriber meets qualifications to prescribe and treat opioid dependence and possess "X" DEA number:

No  Yes X DEA number: \_\_\_\_\_

Is patient using transmucosal buprenorphine with buprenorphine implant or depot injection?  No  Yes

- Documentation the Iowa Prescription Monitoring Program (PMP) website has been reviewed for the patient's use of controlled substances.  No  Yes Date reviewed: \_\_\_\_\_

**Renewal Requests:**

- Documentation the Iowa Prescription Monitoring Program (PMP) website has been reviewed for the patient's use of controlled substances since the last prior authorization request.  No  Yes Date reviewed: \_\_\_\_\_
- Does patient have concomitant use of an opioid or tramadol with the requested buprenorphine product?  
 No  Yes
- Is patient using transmucosal buprenorphine with buprenorphine implant or depot injection?  No  Yes

Prescriber signature (Must match prescriber listed above.)	Date of submission
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**IMPORTANT NOTE:** In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.