

Iowa Department of Human Services

Request for Prior Authorization Buprenorphine/Naloxone

FAX Completed Form To 1 (800) 574-2515

Provider Help Desk 1 (877) 776-1567

(PLEASE PRINT - ACCURACY IS IMPORTANT)									
IA	Medicaid Member ID #	Patient name			DOB				
Patient address									
Pro	vider NPI	Prescriber name	e		Phone				
Pre	scriber address	,			Fax				
Pha	armacy name	Address			Phone				
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.									
Pha	armacy NPI	Pharmacy fax		NDC					
Prior authorization (PA) is required for transmucosal buprenorphine or buprenorphine/naloxone. Requests will be considered for FDA approved dosing, including induction and maintenance dose. Requests for doses above 24 mg per day will not be considered. Initial requests will be considered for up to 3 months. Requests for maintenance doses above 16 mg per day will not be considered on a long-term basis. After the initial 3 month PA, renewal requests for doses ≤ 16mg per day may be considered for 12 month renewals as long as the member meets all other PA criteria. Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent, unless evidence is provided that use of these agents would be medically contraindicated. Requests for surgically implanted buprenorphine or buprenorphine depot injections products will not be considered through the pharmacy benefit and should be directed to the member's medical benefit. Payment will be considered when the following is met:									
1)	Patient has a diagnosis of opioid dependence and meets the FDA approved age; AND								
2)	Prescriber meets qualification criteria to prescribe buprenorphine/naloxone for opioid dependence and has an "X" DEA number (provide X DEA number); AND								
3)	Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances; AND								
4)	Documentation is provided that transmucosal buprenorphine will not be used concomitantly with the buprenorphine implant or depot injection.								
5)	Requests for single ingredient buprenorphine will only be considered for pregnant patients.								
Requests for renewal must include:									
1)	Documentation the Iowa PMP website has been reviewed for the patient's use of controlled substances since the last PA request; AND								
2)	Patient does not have documentation of concomitant use of an opioid or tramadol with the requested buprenorphine product as seen in paid pharmacy claims; AND								
3)	Patient is not using transmucosal buprenorphine with buprenorphine implant or depot injection.								
Pre	<u>eferred</u> Buprenorphine/Naloxone SL Ta	☐ Buprer	ail norphine (Please verify one SL Film	/ patient is p	regnant)	□ No	☐ Yes		

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Stre	ngth	Dosage Instructions	Quantity	Days Supply				
Diagnos	is:							
Initial Re	equests:							
		to prescribe and treat opioid dependence an	d possess "X" DEA numbe	r:				
Is patient	using transmucosal b	suprenorphine 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							
Prescribe	r signature (Must match	n prescriber listed above.)	Date of submission					
			1					

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.

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