

Date _____

PRIOR AUTHORIZATION CRITERIA – Suboxone® (buprenorphine HCL/naloxone HCL)

M.D. Last Name: _____	M.D. First Name: _____
Physician Phone: _____	Physician Fax: _____
Physician Address: _____	Physician NPI/DEA#: _____
Patient _____	ID# _____ DOB _____

****FAILURE TO COMPLETE THE FORM MAY RESULT IN A DELAY OR AN AUTOMATIC DENIAL****

1. Formulation requested: ☐ Sublingual film ☐ Sublingual tabs

2. Diagnosis: ☐ Opioid Dependence ☐ Other (please specify): _____

3. Is the patient pregnant or likely to become pregnant? ☐ Yes ☐ No

4. Does the patient have a comorbid dependence or abuse of alcohol, benzodiazepines, barbiturates, or other sedative-hypnotics? ☐ Yes ☐ No

5. Has the prescriber met all federal and state regulations required for prescribing buprenorphine for opioid dependence? ☐ Yes ☐ No

6. **New Starts only**
 1. Does the prescriber have an anticipated treatment plan for the patient (including anticipated dosing for induction/stabilization and maintenance phase, anticipated frequency of office visits, etc.)? ☐ Yes ☐ No
 2. Has the patient received a recent drug urine test for opioids (date **must** be within 7 days)? ☐ Yes ☐ No
 - a. If Yes, provide date: _____
 3. Is the patient currently participating and/or a referral has been made to formal behavior health counseling, substance abuse counseling, or an addiction recovery program? ☐ Yes ☐ No

- Continuation of therapy only**
 1. Is the patient participating in formal behavior health counseling, substance abuse counseling, or an addiction recovery program? ☐ Yes ☐ No
 2. Since the previous authorization has the patient received urine tests that were negative for opiates? ☐ Yes ☐ No
 3. Is the patient concurrently using a short acting or long acting narcotic? ☐ Yes ☐ No

7. **Physician Signature** or name and title of staff member providing answers _____

Physician Comments _____

Submit completed form to Restat (UHA's Pharmacy Benefits Manager):

Fax completed form to:
888-853-7871

Restat
11900 W. Lake Park Dr.
Milwaukee, WI 53224

Questions, please call:
877-525-5125

*****DISCLOSURE STATEMENT*****

www.restat.com

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