

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM
SUBOXONE / SUBUTEX

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES

AND THIS COMPLETED FORM TO 855-828-4992 note the new fax number

INITIAL CRITERIA:

- Minimum age requirement: 16 years old, **AND**
- Documented diagnosis of opioid dependence, **AND**
- Prescribing physician must provide their X-DEA number: _____, **AND**
- Evidence supplied of plans for on-going treatment monitoring that includes drug urine screening, or DOPL reports, or random pill counts, **AND**
- Description of the psychosocial support to be received by patient, as indicated by chart notes or a brief letter of medical necessity.
- A treatment plan that includes a tapering plan or discontinuation of pharmacotherapy.
- No concomitant therapy with Vivitrol (naltrexone).
- **NOTE:** Subutex covered under same criteria during pregnancy **ONLY**.

AUTHORIZATION:

Initial 18-month authorization at 24mg/day maximum dosage level.

RE-AUTHORIZATION:

Re-authorization period is 18-months at 24mg/day maximum dosage level if the following criteria are met:

- Letter of explanation detailing why an additional approval is needed.
- No claims data showing concomitant use of opiates may be present.
- Evidence of psychosocial support received by patient.
- Evidence that a taper plan has been attempted, and if failed, why.
- Detailed plans for immediate taper if initial taper failed.
- A negative urine screen completed within 14 days of reauthorization start date.
- No concomitant therapy with Vivitrol (naltrexone).
- **NOTE:** Treatment will only be covered up to 36 months (18 month initial authorization and 18 month re-authorization). After 36 months, **NO** petitions will be approved under **ANY** circumstances.
- **NOTE:** Subutex covered under same criteria during pregnancy **ONLY**.

NDC CHANGES: NDC changes for dosage tapering must be submitted in an updated letter of medical necessity, faxed to 855-828-4992

09/20/11

<http://health.utah.gov/medicaid/pharmacy>