

Alaska Medicaid
Suboxone®/Subutex®
 Prior Authorization Request Form
 Prescriber Use Only



Fax this request to: (888) 603-7696 **Questions?** Call Magellan Medicaid Administration at (800) 331-4475

Or mail this request to: Medicaid PA Unit, 14100 Magellan Plaza, Maryland Heights, MO 63043

Form available: <http://www.hss.state.ak.us/dhcs/pharmacy/medpriorauthoriz.htm>

Note: Suboxone®/Subutex® Product PA's can only be requested using this form.

Approval does not ensure eligibility. Please verify Medicaid eligibility before completing this form.

Revised 7-2011

REQUESTOR	Must be requested by prescriber. See below.
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RECIPIENT	Last Name, First Name, Middle I.:	
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DOB: <small>mm/dd/yyyy</small>	Medicaid ID: <small>(10-digits)</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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PRESCRIBER	Name:	NPI: <small>(10-digits)</small>
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Phone: ()	Fax: ()
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Specialty:	DEA #
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REQUEST	Doses > 3 units per day OR 24 mg per day will NOT be approved.
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	Only 1 strength of 1 product will be authorized for use at a given time. Check one Box
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<input type="checkbox"/> Suboxone® SL Tab 8mg/2mg	<input type="checkbox"/> Suboxone® SL Tab 2mg/0.5mg	<input type="checkbox"/> Suboxone® SL Film Tab 8mg/2mg
<input type="checkbox"/> Suboxone® SL Film Tab 2mg/0.5mg	<input type="checkbox"/> buprenorphine SL Tab 8mg	<input type="checkbox"/> buprenorphine SL Tab 2mg

Quantity _____ Sig _____

RATIONALE FOR PRIOR AUTHORIZATION	Prior Authorization start date:
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Primary Diagnosis: ICD-9 _____

Check all that apply:

- The patient is at least 16 years old.
- The patient is being treated for opioid dependence and has agreed to adhere to a treatment plan.
- The physician meets all qualifications (State and Federal) to prescribe buprenorphine products for treatment of opioid addiction.
- The physician has explained the risks of using buprenorphine products with benzodiazepines, alcohol, tranquilizers and narcotic analgesics to the patient.

PHYSICIAN'S SIGNATURE	DATE	PRESCRIBER'S DATA 2000** WAIVER DEA #
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**Drug Addiction Act of 2000

***** All sections must be completed or the request will not be approved*****

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