

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**Buprenorphine Single-Agent Oral Products**

Please see separate criteria for buprenorphine/naloxone dual-agent products & buprenorphine patches

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_  
Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Pharmacy NPI: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

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

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**FAX DOCUMENTATION FROM PROGRESS NOTES  
AND THIS COMPLETED FORM TO 855-828-4992**

**If the prescriber desires to provide additional information or detail, a letter of medical necessity will be accepted as a supplement to, but not a replacement for, progress notes.**

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**CRITERIA FOR INDUCTION OF TREATMENT FOR OPIOID DEPENDENCE:**

- Minimum age requirement: 16 years old
- Documented diagnosis of opioid dependence
- Prescribing physician must provide their X-DEA number: \_\_\_\_\_
- A treatment plan that includes switching to a buprenorphine/naloxone combination product within 5 days
- Treatment is for a maximum of 5 days
- Maximum dose is 16mg daily

**RE-AUTHORIZATION IS NOT AVAILABLE**

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**CRITERIA FOR PTS WHO ARE PREGANANT OR HAVE A TRUE NALOXONE ALLERGY:**

- Minimum age requirement: 16 years old
- Documented diagnosis of opioid dependence
- Prescribing physician must provide their X-DEA number: \_\_\_\_\_
- One of the following:
  - Confirmation of pregnancy and expected due date
  - Description of allergic reaction(s) and rule-out other causes
- Documented plans for on-going treatment monitoring that includes drug urine screening and/or DOPL reports and/or random pill counts
- Description of the psychosocial support to be received by the patient, as indicated by chart notes or a brief letter of medical necessity
- A treatment plan that includes tapering and discontinuation of pharmacotherapy
- No concomitant therapy with Vivitrol (naltrexone) or opiate analgesics
- Authorization is for a maximum of 18 months
- Maximum dose is 24mg daily

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**RE-AUTHORIZATION CRITERIA FOR PTS WHO ARE PREGNANT OR HAVE A TRUE NALOXONE ALLERGY:**

- Letter of explanation detailing why an additional approval is needed
- 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) or opiate analgesics
- Re-authorization is for a maximum of 18 months
- Maximum dose is 24mg daily

**NOTE:**

Treatment will only be covered up to 36 months (18 month initial authorization and 18 month re-authorization).

**NDC CHANGES:**

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