

Prior Authorization Request Form
Kentucky Medicaid – Fee For Service

Buprenorphine Product PA's can only be requested by authorized physicians using this form.

Buprenorphine Products



Fax this completed request to: 1-800-365-8835 Questions: Call Magellan Medicaid Administration at 1-800-477-3071

I. RECIPIENT	Name (Last, First, MI):	DOB:
	Recipient ID:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
II. DIAGNOSIS		ICD-9
III. PRESCRIBER	Name:	DEA #:
	Office Contact Name:	XDEA#:
	Phone #:	FAX #:
IV. REQUEST		
<input type="checkbox"/> Suboxone [®] SL Film 2mg/0.5mg <input type="checkbox"/> Buprenorphine SL Tab 2mg (see V. Below) <input type="checkbox"/> Zubsolv [®] SL Tab 1.4mg/0.36mg <input type="checkbox"/> Suboxone [®] SL Film 4mg/1mg <input type="checkbox"/> Buprenorphine SL Tab 8mg (see V. Below) <input type="checkbox"/> Zubsolv [®] SL Tab 5.7mg/1.4mg <input type="checkbox"/> Suboxone [®] SL Film 8mg/2mg <input type="checkbox"/> Buprenorphine/Naloxone SL Tab 2mg/0.5mg <input type="checkbox"/> Suboxone [®] SL Film 12mg/3mg <input type="checkbox"/> Buprenorphine/Naloxone SL Tab 8mg/2mg		
Dose and Frequency	Quantity	Total MG per Day
Expected Length of Therapy	Opioid being abused	Requested Start Date
Initial Requests MUST be accompanied by office/progress notes documenting clinical evaluation and the Opioid dependence treatment plan.		
V. BUPRENORPHINE SINGLE INGREDIENT REQUESTS ONLY		
Is Recipient Pregnant?	If Yes, estimated delivery date:	
Is the request for a 2 day induction to Suboxone therapy?		
Is there a contraindication to Naloxone? Document Details.		
If "NO" for all above questions, please provide the clinical rationale for prescribing single ingredient Buprenorphine over Suboxone.		
VI. RENEWAL REQUESTS ONLY		
Has there patient been compliant since the initial authorization was granted? If no, please document details.		
Has there been continued participation in drug abuse counseling? (Attach relevant documentation to confirm such enrollment and participation).		
Monthly urine tests for opiates since previous authorization are required. Please attach all monthly screens to this request.		
VII. ADDITIONAL INFORMATION		
The maximum FDA indicated dose of buprenorphine is 24mg/day. Dose requests higher than this maximum will not be approved. Prescribers must be certified to prescribe buprenorphine and manage opioid dependence and be issued a Data 2000 Waiver ID number ("X DEA number").		
I attest, by signature, that I have run a current KASPER report and evaluated the results prior to making this request. This is documented as listed on the KASPER form as "Request Number" located in the upper right hand corner		
This number is:		Date Last Queried:
Prescriber Signature	Prescriber NPI	Date

Updated 1/24/2014

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