

**INDIANA HEALTH COVERAGE PROGRAMS PHARMACY BENEFIT
SUBOXONE® RENEWAL PBM CALL CENTER PRIOR AUTHORIZATION REQUEST FORM**



Pharmacy Benefit Management (PBM) Call Center
**4550 Victory Lane
 Indianapolis, In 46203
 Phone: (866) 879-0106 Fax: (866) 780-2198**



Note: This form is for renewal therapy of Suboxone® only. Use Suboxone®/Subutex® initiation form for initiation of therapy requests.

Today's Date

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****All sections must be completed or the request will be returned****

Patient's Medicaid #	□□□□□□□□□□	Date of Birth	□□ / □□ / □□□□
Patient's Name	Prescriber's Name		
Prescriber's IN License #	□□□□□□□□	Specialty	
Prescriber's NPI #	□□□□□□□□□□	Prescriber's Signature	
Return Fax #	□□□ - □□□ - □□□□	Return Phone #	□□□ - □□□□ - □□□□

Requested Medication	Strength	Quantity	Dosage Regimen	Diagnosis

Please check all that apply:

- Patient has demonstrated consistent use of Suboxone® during the prior 6 months (this will be verified with pharmacy data; if inconsistent use is noted upon database search, then written explanation indicating the reason Suboxone® should be continued despite apparent non-compliance will be needed)
- Physician has provided documentation, with dates included, of two urine tests in six months that are negative for opiates since previous authorization
- Physician has provided documentation, with dates included, supporting patient's consistent participation in formal counseling with a licensed behavioral health provider since previous authorization
- Physician has provided documentation indicating patient is receiving ongoing behavioral health care for coexisting behavioral health disorders
- Physician must provide justification for prescribing other controlled substances concurrently

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