

**INDIANA HEALTH COVERAGE PROGRAMS PHARMACY BENEFIT
SUBOXONE®/SUBUTEX® INITIATION 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 initial therapy of Suboxone®/Subutex® only. Use Suboxone® renewal form for continuation of therapy requests.

Today's Date
 / /

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

Patient's Medicaid # <input style="width: 100%;" type="text"/>	Date of Birth <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 40%;" type="text"/>
Patient's Name	Prescriber's Name
Prescriber's IN License # <input style="width: 100%;" type="text"/>	Specialty
Prescriber's NPI # <input style="width: 100%;" type="text"/>	Prescriber's Signature
Return Fax # <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 40%;" type="text"/>	Return Phone # <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 40%;" type="text"/>

Requested Medication	Strength	Quantity	Dosage Regimen	Diagnosis

Please check all that apply:

- Patient is 16 years of age or older
- Physician meets all qualifications to prescribe Suboxone®/Subutex® (Federal, State, and Local)
- Patient has diagnosis of opiate dependence/addiction (at prescriber's office or verified from prior rehab/detox)
- Physician has verified the risks of using Suboxone® with alcohol or benzodiazepines and these risks have been explained to the patient
- Physician has verified that there are no untreated or unstable psychiatric conditions that would interfere with Suboxone®/Subutex® compliance
- If patient is pregnant, the physician has explained choice of Suboxone®/Subutex® over alternatives or submit OB office documentation supporting patient is unable to use an alternative medication
- Physician has provided documentation of the patient's referral to or active involvement in formal counseling with a licensed behavioral health provider; must also indicate the name of the behavioral health provider and where the patient is receiving counseling

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