

UPMC Health Plan

Suboxone, Zubsolv, & Subutex

Prior Authorization Form for UPMC *for Life*, UPMC *for You Advantage*, UPMC *for Life Options*, and UPMC *for Community Care* Medicare Members

IF THIS IS AN URGENT REQUEST, please call UPMC Health Plan Pharmacy Services.

Otherwise please return completed form to:

UPMC HEALTH PLAN PHARMACY SERVICES

PHONE: 1-800-979-UPMC (8762)

FAX: 412-454-7722

PLEASE TYPE OR PRINT NEATLY

Incomplete responses may delay this request.

Office Contact:		Provider Specialty:	
Provider First Name:		Provider Last Name:	
Provider Phone:		Provider Fax:	Provider NPI #:
Member Name:		UPMC Health Plan ID Number:	DOB:
			Age:
Drug Requested:		Strength:	Frequency:
<input type="checkbox"/> Suboxone film <input type="checkbox"/> Subutex tablet <input type="checkbox"/> Suboxone tablet <input type="checkbox"/> Zubsolv tablet		<input type="checkbox"/> 2-0.5mg <input type="checkbox"/> 2mg <input type="checkbox"/> 4-1mg <input type="checkbox"/> 8mg <input type="checkbox"/> 8-2mg <input type="checkbox"/> 1.4-0.36mg <input type="checkbox"/> 12-3mg <input type="checkbox"/> 5.7-1.4mg	Qty Dispensed:
<input type="checkbox"/> Brand <input type="checkbox"/> Generic			
<i>Generic equivalent drugs will be substituted for brand-name drugs unless you specifically indicate otherwise.</i>			
<input type="checkbox"/> New medication <input type="checkbox"/> Ongoing medication <input type="checkbox"/> Restart	If ongoing, provide date started:	If medication is ongoing, did the member show improvement while on therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis:		Date of diagnosis:	
Please complete the following questions for ALL requests			
Does the prescribing physician have a unique identification number issued by the DEA certifying prescribing authority for Subutex?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please submit documentation of a recent urine drug screen within the last 3 months. Please include date of test. Testing should include licit and illicit drugs with the potential for abuse and include oxycodone.			
<input type="checkbox"/> Documentation enclosed		<input type="checkbox"/> Documentation not available	
Please provide the names of any controlled substance medications that are currently prescribed to the member:			
Medication Name	Strength/Frequency	Dates of Therapy	
For reauthorization requests, please provide clinical rationale to support continuation of therapy if urine drug screen is positive for opiates and/or negative for Suboxone/Zubsolv/Subutex.			
Compliance with Suboxone/Zubsolv/Subutex is required. Pharmacy claims will be reviewed. If applicable, please provide clinical rationale to support continuation of Suboxone/Zubsolv/Subutex despite apparent noncompliance.			
Please be sure to complete and include the 2nd page of this form.			

