



Alaska Medicaid
Suboxone®/Buprenorphine
Prior Authorization Form



This form may also be used for requests to exceed the maximum allowed units.

Form available on Alaska Medicaid's Medication Prior Authorization website

Fax this form to (888) 603-7696

This authorization request does not ensure eligibility and is not a guarantee of payment. Please verify Medicaid eligibility before completing this form. Incomplete requests will be denied until all required information is received.

Request Date: \_\_\_\_\_

MEMBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: [ ] Male [ ] Female Member Phone: \_\_\_\_\_

PRESCRIBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Prescriber NPI: \_\_\_\_\_ Specialty: \_\_\_\_\_

Prescriber Phone: \_\_\_\_\_ Prescriber Fax: \_\_\_\_\_

PHARMACY INFORMATION

Pharmacy Name: \_\_\_\_\_ Pharmacy NPI: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_ Pharmacy Fax: \_\_\_\_\_

RATIONALE FOR PRIOR AUTHORIZATION

Primary diagnosis: \_\_\_\_\_ ICD-10 code: \_\_\_\_\_

Check all that apply:

- [ ] The patient is at least 16 years old.
[ ] The patient is being treated for opioid dependence and agreed to adhere to a treatment plan.
[ ] The physician meets all State and Federal qualifications to prescribe buprenorphine products for treatment of opioid addiction.
[ ] The physician has explained the risks of using buprenorphine products with benzodiazepines, alcohol, tranquilizers, and narcotic analgesics to the patient.

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**DRUG INFORMATION**

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Doses > 3 units per day **OR** 24 mg per day will **NOT** be approved. Only 1 strength of 1 product will be authorized for use at a given time.

**Check only one box below:**

**Bunavail® film**

2.1 mg-0.3 mg       4.2 mg-0.7 mg       6.3 mg-1 mg

**Suboxone® sublingual film**

2 mg-0.5 mg       4 mg-1 mg       8 mg-2 mg  
 12 mg-3 mg

**Zubsolv® sublingual tablet**

0.7 mg-0.18 mg       1.4 mg-0.36 mg       2.9 mg-0.71 mg  
 5.7 mg-1.4 mg       8.6 mg-2.1 mg       11.4 mg-2.9 mg

**Buprenorphine/Naloxone sublingual tablet**

2 mg-0.5 mg       8 mg-2 mg

**Buprenorphine/Naloxone sublingual film**

8 mg-2 mg

**Buprenorphine sublingual tablet**

2 mg       8 mg

Quantity: \_\_\_\_\_ Directions: \_\_\_\_\_

**Attestation: I hereby certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by Alaska Medicaid.**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Prescriber's DATA 2000\*\* Waiver DEA Number:** \_\_\_\_\_

\*\*Drug Addiction Treatment Act of 2000

Magellan Medicaid Administration, PA Unit  
14100 Magellan Plaza  
Maryland Heights, MO 63043  
Phone: (800) 331-4475

**Fax this form to (888) 603-7696**

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