



Prior Authorization for Buprenorphine Monotherapy
Fax (800) 869-7791 | Phone (800) 213-5525

Patient Last Name	Patient First Name	Middle Initial	Date of Birth	Molina ID
Pharmacy Name	Pharmacy NPI	Pharmacy Telephone Number	Pharmacy Fax Number	
Prescriber Name	Prescriber NPI	Prescriber Telephone Number	Prescriber Fax Number	
Diagnosis	Medication and Strength			Qty/Days Supply

Directions for Use

Select from the following for your patient and complete associated question(s):

Patient is pregnant. Estimated delivery date (EDD): _____

Was pregnancy confirmed with a lab test by the provider? Yes No

Is buprenorphine prescriber managing patient's pregnancy? Yes No

Has patient been stable on buprenorphine/naloxone for at least 8 weeks? Yes No

Patients approved based on pregnancy will be approved through 30 days after their EDD. When patient is no longer pregnant, transition to a buprenorphine/naloxone combination product is required for ongoing treatment unless patient is breastfeeding.

Patient is breastfeeding. Delivery date: _____

Patients approved based on breastfeeding, will be approved for 12 months following delivery. Transition to a buprenorphine/naloxone combination product is required for ongoing treatment thereafter.

Patient has experienced a documented serious allergic or idiosyncratic reaction to the buprenorphine/naloxone combination product.
Chart notes documenting reaction are required.

Patient has continued to experience severe nausea or daily headache after trying at least two different formulations of buprenorphine/naloxone combination products for at least 7 days each.

Indicate formulations tried for at least 7 days (check all that apply):

Buccal film Sublingual tab Sublingual film

Best practice is to limit patients to a 7-day supply at a time.

Indicate the intended days supply per fill for your patient: 7 day 14 day 28 day

If over a 7 day supply is indicated:

- Is the reason due to transportation complications? Yes No
If no, provide reason: _____
- Has patient demonstrated evidence of stability (8 weeks of treatment) taking buprenorphine monotherapy and/or buprenorphine/naloxone? Yes No
If yes, how long has patient been clinically stable? _____

I have read and understand *Medication Treatment Guidelines for Substance Abuse Disorders (SUDs) – Buprenorphine Containing Products* (<http://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria>).

Prescriber Signature	Prescriber Specialty	Date
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