



**Department of Vermont Health Access**  
 312 Hurricane Lane, Suite 201  
 Williston, Vermont 05495

*Agency of Human Services*

**~ HUB (OTP) BUPRENORPHINE Prior Authorization Form ~**

**All requests for Suboxone® Film > 16MG, Suboxone® Tablets (all doses) and Buprenorphine monotherapy in women who are pregnant or who are breastfeeding a morphine or methadone-dependent baby must be reviewed by the GHS Clinical Call Center. Documentation must accompany this form.**

**Submit request via Fax (only): (844)-679-5366**

**Prescribing physician:**

Name: \_\_\_\_\_  
 NPI #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_  
 Medicaid ID #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Date of Admission to HUB: \_\_\_\_\_

**CHECK HERE IF PATIENT IS ADAP UNINSURED**

**Request is from the following HUB location:** \_\_\_\_\_ / \_\_\_\_\_  
Name NPI

**Contact Person at HUB (OTP):** \_\_\_\_\_

► Please choose the requested formulation, check that you have provided a clinical note/letter, and complete any other required information.

<input type="checkbox"/> <b>Suboxone® Film &gt; 16 mg</b> Dose per day requested: _____mg	<input type="checkbox"/> <b>Suboxone® Tablets</b> Dose per day requested: _____mg
<input type="checkbox"/> Clinical note/letter from prescriber that documents the prescriber's clinical rationale for requesting Suboxone® tablets or Suboxone® Film > 16MG (REQUIRED) <u>is attached.</u>	

<input type="checkbox"/> <b>Buprenorphine (mono formulation) – Females Only</b>	Dose per day requested: _____mg
<input type="checkbox"/> Pregnancy    DUE DATE: _____ <input type="checkbox"/> Pregnancy test/ultrasound result/lab attached (REQUIRED)	
<input type="checkbox"/> Breastfeeding a morphine or methadone-dependent baby (baby is being administered morphine or methadone for opiate withdrawal symptoms)	
<input type="checkbox"/> Clinical note/letter from a pediatrician/neonatologist that documents that the member is breastfeeding a morphine or methadone dependent baby (REQUIRED) <u>is attached.</u>	
<input type="checkbox"/> Using buprenorphine mono to switch from methadone to Suboxone® Dates buprenorphine mono will be administered: _____	

**Please Note: All requests other than for Suboxone Film <=16mg must be directed to GHS at**

**Phone: (844)-679-5363 or Fax: (844)-679-5366**

**Prescriber Signature:** \_\_\_\_\_ (stamps not acceptable)    **Date of request:** \_\_\_\_\_