



Department of Vermont Health Access  
 NOB 1 South, 280 State Drive  
 Waterbury, Vermont 05671-1010

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

All requests for Suboxone® Film > 16mg and Buprenorphine monotherapy in women who are pregnant or who are breastfeeding a morphine or methadone-dependent baby must be reviewed by the Change Healthcare Clinical Call Center. Documentation must accompany this form. For questions, please contact the Change Healthcare help desk at 1-844-679-5363.

**Submit request via Fax: 844-679-5366**

Prescribing physician: Name: _____ NPI: _____ Specialty: _____ Phone#: _____ Fax#: _____ Address: _____ Contact Person at HUB (OTP): _____	Beneficiary: Name: _____ Medicaid ID#: _____ Date of Birth: _____ Sex: _____ Diagnosis: _____ Date of Admission to HUB: _____
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**CHECK HERE IF PATIENT IS ADAP UNINSURED**

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

Name	NPI
<input type="checkbox"/> <b>Suboxone® Film &gt; 16 mg</b> Dose per day requested: _____ mg	
* Clinical note/letter from prescriber that documents the prescriber's clinical rationale for requesting Suboxone® Film >16mg must be attached (REQUIRED)	

<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)
*Clinical note/letter from a pediatrician/neonatologist that documents that the member is breastfeeding a morphine or methadone dependent baby must be attached (REQUIRED)
<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 Change Healthcare by Fax: 844-679-5366**

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

