

~ HUB (OTP) BUPRENORPHINE MONO ~

USE THIS FORM ONLY FOR PREGNANCY & CERTAIN BREAST-FEEDING SITUATIONS IN DOSES \leq 16 MG/DAY
 Prior Authorization Form

All requests for Buprenorphine Mono in women who are pregnant or who are breastfeeding a morphine or methadone dependent baby must be reviewed by the Catamaran Clinical Call Center. Only requests for daily doses of \leq 16 mg/day may be submitted on this form. Documentation must accompany this form.

Submit request via Fax (only): 1-866-767-2649

Prescribing physician:	Beneficiary:
Name: _____	Name: _____
NPI #: _____	Medicaid ID #: _____
Phone #: _____	Date of Birth: _____ Females Only: <input type="checkbox"/>
Fax #: _____	Diagnosis: _____
Address: _____	
Contact Person at HUB (OTP): _____	

Request is from the following HUB location: Please check

HUB Location	NPI and other Taxonomy
<input type="checkbox"/> BAART (NEK) Location	1902944002 Taxonomy 261QM2800X
<input type="checkbox"/> BAART Central Vermont Location	1225115439
<input type="checkbox"/> HABIT OPCO (West Lebanon)	1023175072
<input type="checkbox"/> HABIT OPCO (Brattleboro)	1912155516
<input type="checkbox"/> Howard Center	1134346687
<input type="checkbox"/> Howard Center	1093005092
<input type="checkbox"/> Rutland Regional Medical Center	1467416206 Taxonomy 261QM2800X

► Please complete the required information.

Buprenorphine (mono formulation)

Dose per day requested: _____ mg

Pregnancy DUE DATE: _____

Pregnancy test/ultrasound result/lab attached (REQUIRED)

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 attached that documents that the member is breastfeeding a morphine or methadone dependent baby (REQUIRED)

Please Note: All requests that do not meet these criteria or are for different formulations or larger daily doses must be directed to the Substance Abuse Unit at DVHA at 802-871-3091 or 802-871-3092.

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