New Mexico Medicaid Prior Authorization Form for Suboxone (buprenorphine/naloxone) or Subutex (buprenorphine)

(Approval does not ensure eligibility. Please verify eligibility before completing this form.)

Patient Name:	**Insurance ID/SS#:**	**DOB:**
Insurance (please circle): Blue Salud Lovelace Salud Molina Salud OptumHealth NM Presbyterian Salud		
MD/DO Name:	**MD/DO Phone:**	**Fax #:**
MD/DO Signature:	**Office Contact Phone:**	**Submitted Date:**

Suboxone Film: ☐ 2 mg/0.5 mg ☐ 4 mg/1 mg ☐ 8 mg/2 mg ☐ 12 mg/3 mg

Suboxone Tablets: ☐ 2mg ☐ 8mg

Subutex Tablets: ☐ 2 mg/0.5 mg ☐ 8 mg/2 mg

Dosing/SIG:_____ Diagnosis:_____

Total Daily Dosage Requested:_____mg Duration:_____

First request after 14 day induction prescription – All of the following must be submitted:

1. Current (up to 7 days prior to request submission date) urine drug screen, which includes buprenorphine, results and certify that the New Mexico Board of Pharmacy Prescription Monitoring Program (NM BOP PMP) report was pulled and does not contain opiates, tramadol, benzodiazepines, sedative-hypnotic agents, carisoprodol, or meprobamate. *Any relapses by the patient, indicated by a urine drug screen positive for opiates, must be addressed by the provider. The provider must decide if the patient remains a good candidate for continued treatment. A urine drug test negative for buprenorphine also alerts the provider to possible diversion of buprenorphine and steps such as discontinuance of buprenorphine prescriptions can be considered.*
2. If applicable, submit medical records or chart notes that include medical justification and a signed informed consent documenting the risks for combined use of Suboxone or buprenorphine and benzodiazepines, sedative/hypnotics carisoprodol, meprobamate, or alcohol.
3. Indicate what psychosocial program the consumer is participating in. Possible options include, but are not limited to, Narcotics Anonymous (NA), Alcoholics Anonymous (AA), therapy with a counselor, or counseling by the treating physician.
4. A treatment plan, agreed to by the consumer and signed by the consumer, must be submitted by the requesting provider with the request.

Each renewal request requires submission of:

Current (up to 4 weeks prior to request submission date) urine drug screen, which includes buprenorphine, results and certify that the New Mexico Board of Pharmacy Prescription Monitoring Program (NM BOP PMP) report was pulled and does not contain opiates, tramadol, benzodiazepines, sedative-hypnotic agents, carisoprodol, or meprobamate.

If applicable, please submit medical records or chart notes that indicate medical necessity for continued use of Suboxone or Buprenorphine in the context of the following clinical concerns:

- Doses exceeding 16 mg per day of Suboxone or Buprenorphine
- Concurrent use of Suboxone or buprenorphine with benzodiazepines or other sedative hypnotic agents that increase the risks of respiratory depression
- **Buprenorphine requests only:** Estimated pregnancy due date:_____. Submit chart notes for breastfeeding.

☐Approved ☐ Denied PA Number:_____

RPh Review:_____ Date:_____

Medical Director:_____ Date:_____

Duration of Approval: ☐1 month ☐3 months ☐6 months ☐Other_____

Approval Start Date: _____ Approval End Date:_____

Comments:_____

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