

## Sterling Retiree Rx Prior Authorization Form

### BUPRENORPHINE

**Coverage Criteria / Required Medical Information:**

Prescribers must be registered with the Substance Abuse and Mental Health Services Administration. Patient must be ≥ 16 years of age. Buprenorphine and buprenorphine-naloxone should be part of an overall treatment program. The patient should be willing to comply with treatment and be monitored periodically.

**Coverage Duration:**

Buprenorphine - 1 month  
Buprenorphine-Naloxone - 12 months

**Exclusion Criteria:**

Patients who are unwilling to follow the safety precautions for treatment with buprenorphine/buprenorphine-naloxone.

#### Member Information

<b>Name</b>				
<b>Enrollment/Card-holder ID Number</b>				
<b>Group/Plan</b>		<b>Male</b>		<b>Female</b>
<b>Date of Birth</b>		<b>Age</b>		<b>Weight in Kg</b>
<b>Street Address</b>				
<b>City</b>		<b>State</b>		<b>Zip</b>

#### Physician Information

<b>Name</b>				
<b>Agent</b>		<b>Contact Name</b>		
<b>Specialty/Office</b>				
<b>Clinic Name</b>				
<b>Street Address</b>				
<b>City</b>		<b>State</b>		<b>Zip</b>
<b>Phone</b>		<b>Fax</b>		

#### Requested Drug

<b>BUPRENORPHINE</b>	<b>Reason for Request</b>
<b>Condition/Diagnosis Related</b>	

#### Clinical Drug/Lab History Pertinent to Request

<b>Labs: Baseline/Ongoing</b>	<b>Strength/Dosage</b>		
<b>Formulary Alternative(s) Attempted?</b>	<b>Yes:</b>		<b>No:</b>
<b>Please List Alternative Formulary Drugs</b>			

<b>Comments</b>	
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Physician Signature: \_\_\_\_\_

Fax Form to 1-866-481-3704