ASAM American Society of Addiction Medicine

Buprenorphine Prior Authorization Form

CONTACT INFORMATION

Patient Name: _____ Patient ID: _____ Patient DOB: _____/_____/_____

Patient Address: _____ Patient Phone: (_____) _____

City: _____ State: _____ Zip Code: _____

Prescribing Physician:_____ NPI:_____ X#:_____

Physician Address: _____

City: _____ State: _____ Zip Code: _____

State License:_____

Office Contact: _____ Office Phone: (_____) _____ Office Fax: (_____) _____

PROFESSIONAL INFORMATION

Medication Requested: _____

Dosage Strength Requested: _____ Quantity per month:_____ Directions for Use: _____

Patient Diagnosis:_____ Other relevant Diagnoses:_____

Induction Phase:_____ Maintenance Phase: _____ Psychosocial Treatment (for maintenance treatment): ☐ Yes ☐ No

Dates and results of Toxicology Testing: _____

_____

ADDITONAL QUESTIONS

Has the patient been advised of the risk of concomitant use of alcohol, benzodiazepines and other sedatives? ☐ Yes ☐ No

Will the patient be monitored during therapy for signs and symptoms of abuse/misuse as well as compliance and the potential diversion to others? ☐ Yes ☐ No

Will there be ongoing assessment as to the continued need for Buprenorphine therapy and consideration of taper and discontinuation if clinically appropriate? ☐ Yes ☐ No

For women of child bearing age, appropriate assessment of possibility of pregnancy? ☐ Yes ☐ No

In States with Prescription Monitoring Programs, has it been reviewed? ☐ Yes ☐ No

For patients with co-occuring behavioral health disorders, referral to mental health assessment and/or treatment as indicated? ☐ Yes ☐ No

For dosing higher than 24mg/day (Suboxone/Subutex), 17.1mg/day (Zubsolv) or 12.6mg/day (Bunavail), documentation as to rationale: _____

_____

Is the prescriber treating more than 100 patients?: ☐ Yes ☐ No

Will the patient be using any short or long acting opiates concurrently with the Buprenorphine?: ☐ Yes ☐ No

Other/Supporting information for this request: _____

_____

_____

Physician Signature: _____ Date and Time:_____