

**State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form
Suboxone/Buprenorphine High-Dose (>16mg/d) & Mono-Product Prior Authorization Form**

Phone: 1-888-445-0497

ONE Drug Per Form ONLY – Use Black or Blue Ink

Fax: 1-888-879-6938

Member ID #: _____ <small>(NOT MEDICARE NUMBER)</small>	Patient Name: _____	DOB: _____
Patient Address: _____		
Provider X DEA: _____	Provider NPI: _____	
Provider Name: _____	Phone: _____	
Provider Address: _____	Fax: _____	
Pharmacy Name: _____	Rx Address: _____	Rx phone: _____

*** NOTE: Providers are required to complete this PA form when requesting either...**

1) **High-dose buprenorphine (>16mg/d) for buprenorphine/naloxone products:** MaineCare has designated Suboxone film and generic buprenorphine/naloxone tablets as “Preferred Drug” because they are the two most cost-effective formulations for the combined product. Prior Authorization is required when requesting doses over 16 mg/day for maintenance treatment, or over 32 mg/day for an initial induction period (up to 60D).

2) **Use of buprenorphine mono-product:** MaineCare encourages use of combined bup/naloxone and discourages use mono-product bup because of the higher potential for diversion and misuse of the mono-product.

***NOTE:** If a **Non-Preferred** formulation of buprenorphine/naloxone (e.g. Zubsolv tabs or Bunavail films) or if **extended-release buprenorphine** (e.g. Sublocade, Probuphine) is being requested, please complete a **MaineCare Prior Authorization Form 20420**, available on the [MaineCare PDL website](http://www.mainearepdl.org)

For complete coverage criteria, please refer to the MaineCare Preferred Drug List at www.mainearepdl.org

1) High-Dose Request (i.e. >16mg/d):	Strength	Dosage Instructions	Total Daily Dose	Quantity	Days Supply <small>(34D max retail)</small>	Refills Req'd <small>(6 mos max)</small>
<input type="checkbox"/> Suboxone films						___ Mos
<input type="checkbox"/> Buprenorphine/naloxone tabs						___ Mos

Medical Necessity

1. Initial dose tried: _____
2. Clinical indication for higher dose: _____

2) Mono-product Request	Strength	Dosage Instructions	Total Daily Dose	Quantity	Days Supply <small>(34D max retail)</small>	Refills Req'd <small>(6 mos max)</small>
<input type="checkbox"/> Buprenorphine tabs						___ Mos

Medical Necessity

1. Is the patient pregnant? YES NO
2. If no, clinical indication for buprenorphine mono-product: _____

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care; such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member, and is supported in your medical records.

Provider Signature*: _____ **Date of Submission:** _____

***MUST MATCH PROVIDER LISTED ABOVE**

Buprenorphine/ Suboxone Criteria from MaineCare Preferred Drug List www.mainearepdl.org

Providers will continue to be required to follow the criteria listed below when prescribing buprenorphine:

1-Induction period for new starts max of 60 days

2-Max dose of 32 mg for induction

3-Max dose of 16 mg for maintenance

4-There is not more than one narcotic fill in member's drug profile between current fill of buprenorphine and a prior buprenorphine fill within the past 90 days.

5- Prescribers limited to those with X-DEA waiver

6- Should provide evidence of monthly monitoring including random pill counts, urine drug tests, and use of Maine Prescription Monitoring Program reports.