



## Presbyterian Suboxone and Subutex Form

FAX completed form to Presbyterian Pharmacy Services Department at <b>(505) 923-5540 or 1-800-724-6953</b>		If you have any questions about this Form, please call <b>(505) 923-5757 or 1-888-923-5757</b>	
<b>PATIENT INFORMATION</b>			
Name:		Date of Birth:	
Member ID Number:		SSN:	
<b>MEDICATION INFORMATION</b>			
Drug:		Dosing:	
Strength: <b>Suboxone</b> <input type="checkbox"/> 2 mg/ 0.5 mg film <input type="checkbox"/> 4 mg/ 1 mg film <b>Suboxone</b> <input type="checkbox"/> 8 mg/ 2 mg film <input type="checkbox"/> 12 mg/ 3 mg film <b>Suboxone</b> <input type="checkbox"/> 2 mg/ 0.5 mg tablet <input type="checkbox"/> 8 mg/ 2 mg tablet <b>Subutex</b> <input type="checkbox"/> 2 mg tablets <input type="checkbox"/> 8 mg tablets		Diagnosis (related to medical necessity):	
Please <b>provide chart notes for all requests</b> documenting the following:			
1. Patient diagnosis and treatment plan.			
2. Patient is engaged in a psychosocial component of therapy. Examples include: Individual or group counseling, "Here to Help® Program" offered through the manufacturer ( <a href="http://www.heretohelpprogram.com/">http://www.heretohelpprogram.com/</a> ), Narcotics Anonymous ( <a href="http://www.na.org/">http://www.na.org/</a> ), LifeRing ( <a href="http://www.lifering.org/">http://www.lifering.org/</a> ) or other similar programs.			
3. Justification for combined use with benzodiazepines and/or sedative/hypnotics.			
4. Results of recent urine drug screen AND Board of Pharmacy-Prescription Monitoring Program report ( <a href="https://www.pmp.state.nm.us/pmpwebcenter">https://www.pmp.state.nm.us/pmpwebcenter</a> )			
5. If Subutex is requested, provide documentation of intolerance to Suboxone or documentation that the member is pregnant or lactating.			
<b>Please note the following:</b>			
<ul style="list-style-type: none"><li>• Should NOT be used in conjunction with any opioid analgesic.</li><li>• Should NOT be used for the sole purpose of pain management.</li></ul>			
<b>Quantity limit:</b> 90 tablets for 30 days			
Additional Suboxone and Subutex Forms, and Presbyterian Health Plan Formularies can be accessed via: <a href="http://www.phs.org/phs/healthplans/providers/pharmacy/index.htm">http://www.phs.org/phs/healthplans/providers/pharmacy/index.htm</a>			
<b>PHYSICIAN INFORMATION</b>			
Name:			
Specialty:		DEA X #:	
Phone (required):		Fax (required):	
Physician Signature:		Date:	
<b>ALL OF THE ABOVE INFORMATION and DOCUMENTATION MUST BE RECEIVED IN ORDER TO PROCESS THE REQUEST.</b>			

**CONFIDENTIAL: PROTECTED HEALTH INFORMATION ENCLOSED.** Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure of failure to maintain confidentiality could subject you to penalties described in federal and state law.