



Presbyterian Suboxone and Subutex Form

FAX completed form to Presbyterian Pharmacy Services Department at (505) 923-5540 or 1-800-724-6953		If you have any questions about this Form, please call (505) 923-5757 or 1-888-923-5757	
PATIENT INFORMATION			
Name:		Date of Birth:	
Member ID Number:		SSN:	
MEDICATION INFORMATION			
Drug:		Dosing:	
Strength: Suboxone <input type="checkbox"/> 2 mg/ 0.5 mg film <input type="checkbox"/> 4 mg/ 1 mg film Suboxone <input type="checkbox"/> 8 mg/ 2 mg film <input type="checkbox"/> 12 mg/ 3 mg film Suboxone <input type="checkbox"/> 2 mg/ 0.5 mg tablet <input type="checkbox"/> 8 mg/ 2 mg tablet Subutex <input type="checkbox"/> 2 mg tablets <input type="checkbox"/> 8 mg tablets		Diagnosis (related to medical necessity):	
Please provide chart notes for all requests 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 (http://www.heretohelpprogram.com/), Narcotics Anonymous (http://www.na.org/), LifeRing (http://www.lifering.org/) 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 (https://www.pmp.state.nm.us/pmpwebcenter)			
5. If Subutex is requested, provide documentation of intolerance to Suboxone or documentation that the member is pregnant or lactating.			
Please note the following:			
<ul style="list-style-type: none">• Should NOT be used in conjunction with any opioid analgesic.• Should NOT be used for the sole purpose of pain management.			
Quantity limit: 90 tablets for 30 days			
Additional Suboxone and Subutex Forms, and Presbyterian Health Plan Formularies can be accessed via: http://www.phs.org/phs/healthplans/providers/pharmacy/index.htm			
PHYSICIAN INFORMATION			
Name:			
Specialty:		DEA X #:	
Phone (required):		Fax (required):	
Physician Signature:		Date:	
ALL OF THE ABOVE INFORMATION and DOCUMENTATION MUST BE RECEIVED IN ORDER TO PROCESS THE REQUEST.			

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.