

<http://www.dhhr.wv.gov/bms/Pharmacy/Pages/default.aspx>

Patient Name (Last)	(First)	(M)	WV Medicaid 11 Digit ID#	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prescriber Name (Last)	(First)	(MI)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Prescriber Address (Street)	(City)	(State)	(Zip)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone # (111-222-3333)	Fax # (111-222-3333)
<input type="text"/>	<input type="text"/>

Prescriber 10-Digit NPI#	Prescriber Medicaid ID#	Prescriber X-DEA#
<input type="text"/>	<input type="text"/>	<input type="text"/>

Pharmacy Name (if applicable)
<input type="text"/>

Pharmacy Address (Street)	(City)	(State)	(Zip)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pharmacy 10-Digit NPI#	Phone # (111-222-3333)	Fax # (111-222-3333)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Important Notes: Preauthorization for medical necessity does not guarantee payment.
The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization.

buprenorphine/naloxone (Suboxone)													
<input type="checkbox"/>	Note: Suboxone Tablets will only be authorized with a documented intolerance of or allergy to Bunavail and Suboxone Film.	<input type="checkbox"/>	2mg	<input type="checkbox"/>	4mg	<input type="checkbox"/>	8mg	<input type="checkbox"/>	12mg	<input type="checkbox"/>	Film	<input type="checkbox"/>	Tablet

<input type="checkbox"/>	buprenorphine SL (formerly known as Subutex)	<input type="checkbox"/>	2mg	<input type="checkbox"/>	8mg	Expected Delivery Date (mm/dd/yyyy)	<input type="text"/>
	Note: Buprenorphine SL will only be authorized during pregnancy)						

Directions	Diagnosis	ICD Diagnosis Code (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Yes No I have reviewed the WV Board of Pharmacy Prescription Drug Monitoring Program database for this patient. (required)

List other sedating medications the patient is currently taking: (e.g., muscle relaxants, antidepressants, sedative/hypnotics)

Sedating Medications:

Diagnosis:

Yes No I have warned the patient about dangers of combining Bunavail/Suboxone/Subutex with other sedating medications and/or alcohol. (required)
****FDA warns that significant respiratory depression and death have occurred in association with buprenorphine, particularly when taken by the intravenous (IV) route in combination with benzodiazepines or other CNS depressants, including alcohol.

Yes No I certify that I have not charged cash for this office visit or for the treatment of this patient's opiate dependence/addiction, which is a covered Medicaid Service. (required)

If this is a dosage change, please explain the rationale for the change:

Other Pertinent Information: (attach additional pages as necessary)

Attestation: Your signature (manually or electronically) certifies that the above request is medically necessary, does not exceed the medical needs of the member, and is documented in your medical records. Medical/Pharmacy records must be made available upon request.

Check here for electronic signature

Prescriber Signature

Date:
(MM/DD/YYYY)