

**Physician's Prior Authorization Questionnaire
Subutex® and Suboxone®**

Patient:

ID#:

DOB:

Patient Address:

Subutex® and Suboxone® are covered under certain clinical conditions. The following information will help determine if this patient is eligible for coverage of treatment with these medications.

1. Is the patient being treated with this medication for a diagnosis of opioid dependency? Yes No
2. Is the patient at least 16 years old? Yes No
3. Is Subutex® being used only for induction therapy? Yes No Not using Subutex®
4. Is the patient undergoing psychosocial counseling for opioid dependency? Yes No

Under the Drug Addiction Treatment Act of 2000 (DATA) codified at 21 U.S.C. 823(g), prescription use of this product in the treatment of opioid dependence is limited to physicians who meet certain qualifying requirements, and have notified the Secretary of Health and Human Services (HHS) of their intent to prescribe this product for the treatment of opioid dependence.

Physician's Signature

Date

Please **Print** Physician's Name & Specialty

Phone Number

Fax Number

Thank you for your assistance and should you have any questions or wish to discuss, please feel free to contact the pharmacy department at (501) 378-3392. For your convenience, you may fax your response(s) back to (501) 378-6980.

Forms are also available online at www.usableadmin.com/providers/PharmacyForms.aspx