

FAX completed form to  
Change Healthcare  
1-866-964-3472

Wyoming Medicaid – Pharmacy Services Program  
PRIOR AUTHORIZATION REQUEST FORM  
**Oral buprenorphine/naloxone or oral buprenorphine**

PHONE:  
(For questions or inquiries ONLY)  
1-877-207-1126

Provider must fill in all information below. It must be legible, correct and complete or the form will be returned.

Client ID #: \_\_\_\_\_

Client's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Prescriber NPI: \_\_\_\_\_

Prescriber XDEA (Required): \_\_\_\_\_

Prescriber's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescriber Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy NPI: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_

| <u>Drug Name</u> (Only one drug per form) | <u>Strength</u> | <u>Dosage Instructions</u> | <u>Days Supply</u> | <u>Quantity</u> | <u>Refills</u> |
|---|-----------------|----------------------------|--------------------|-----------------|----------------|
|---|-----------------|----------------------------|--------------------|-----------------|----------------|

1. Is this only a dose or quantity change from a previously approved PA?  Yes  No
2. Can the previously approved PA be cancelled?  Yes  No

3. Client's medical diagnosis \_\_\_\_\_

4. Is this client currently being treated with oral buprenorphine/naloxone or oral buprenorphine? Yes  No

5. If yes, when was the treatment initiated? \_\_\_\_\_

**Oral buprenorphine/naloxone or oral buprenorphine criteria**

- The client must have diagnosis of opioid dependence or abuse. These medications will not be covered for the treatment of chronic pain.
- The client will be limited to a maximum daily dosage of 16mg/day. Prior authorization will be required for doses >16mg/day with clinical justification.
- The client will NOT be allowed to fill any narcotic prescription between oral buprenorphine/naloxone or oral buprenorphine fills without prior authorization.
- Oral buprenorphine will only be approved for clients that have a documented allergy to oral naloxone.

- ❖ To request a client's Control Substance (II-IV) profile please refer to the Wyoming Online Prescription Database (WORx) at <http://worxpdp.com/account/login>.
- ❖ For more information regarding the Wyoming Medicaid Pharmacy Lock-in Program, which limits certain Medicaid clients to receiving prescription services from a single designated pharmacy provider, please contact the Medicaid Pharmacy Case Manager at 307-777-8773.

Prescriber Signature: \_\_\_\_\_ Date(s) of Submission: \_\_\_\_\_

\* Prescriber's original signature required; copied, stamped, or e-signatures are not allowed. By signature, the prescriber confirms the criteria information above is accurate and verifiable in client records.