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

Wyoming Medicaid – Pharmacy Services Program
PRIOR AUTHORIZATION REQUEST FORM

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

Oral buprenorphine/naloxone or oral buprenorphine

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's Full Name: _____ Phone: _____

Prescriber Address: _____ Fax: _____

Pharmacy NPI: |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Pharmacy Name: _____ Phone: _____

Drug Name (Only one drug per form)	**Strength**	**Dosage Instructions**	**Days Supply**	**Quantity**	**Refills**

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 24mg/day***. Prior authorization will be required for doses >24mg/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 AWARxE WY Prescription Drug Monitoring Program at https://wyoming.pmpaware.net.**
- **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:**_____

**** By signature, the prescriber confirms the criteria information above is accurate and verifiable in client records.***