

**State of Maine Department of Health & Human Services  
MaineCare/MEDEL Prior Authorization Form  
Suboxone/Buprenorphine High-Dose (>24mg/d) & Mono-Product Prior Authorization Form**

Phone: 1-888-445-0497

**ONE Drug Per Form ONLY – Use Black or Blue Ink**

Fax: 1-888-879-6938

Member ID #: _____ <small>(NOT MEDICARE NUMBER)</small>	Patient Name: _____	DOB: _____
Patient Address: _____		
Provider DEA: _____	Provider NPI: _____	
Provider Name: _____	Phone: _____	
Provider Address: _____	Fax: _____	
Pharmacy Name: _____	Rx Address: _____	Rx phone: _____

**\* NOTE: Providers are required to complete this PA form when requesting either...**

1) **High-dose buprenorphine (>24mg/d) for buprenorphine/naloxone products:** MaineCare has designated Suboxone film and generic buprenorphine/naloxone tablets as “Preferred Drug” because they are the two most cost-effective formulations for the combined product. Prior Authorization is required when requesting doses over 24 mg/day for maintenance treatment, or over 32 mg/day for an initial induction period (up to 30D).

2) **Use of buprenorphine mono-product:** MaineCare encourages use of combined bup/naloxone and discourages use mono-product bup because of the higher potential for diversion and misuse of the mono-product.

**\*NOTE:** If a **Non-Preferred** formulation of buprenorphine/naloxone (e.g. Zubsolv tabs or Bunavail films) please complete a **MaineCare Prior Authorization Form 20420**, or if extended-release buprenorphine (e.g. Sublocade, Brixadi) is being requested, please complete a **MaineCare Prior Authorization Form 20200**, available on the [MaineCare PDL website](http://www.maineCarePDL.org)

For complete coverage criteria, please refer to the MaineCare Preferred Drug List at [www.maineCarePDL.org](http://www.maineCarePDL.org)

1) High-Dose Request (i.e. >24mg/d):	Strength	Dosage Instructions	Total Daily Dose	Quantity	Days Supply <small>(34D max retail)</small>	Refills Req'd <small>(6 mos max)</small>
<input type="checkbox"/> Suboxone films						___ Mos
<input type="checkbox"/> Buprenorphine/ naloxone tabs						___ Mos

**Medical Necessity**

- Initial dose tried: \_\_\_\_\_
- Clinical indication for higher dose: \_\_\_\_\_

2) Mono-product Request	Strength	Dosage Instructions	Total Daily Dose	Quantity	Days Supply <small>(34D max retail)</small>	Refills Req'd <small>(6 mos max)</small>
<input type="checkbox"/> Buprenorphine tabs						___ Mos

**Medical Necessity**

- Is the patient pregnant?  YES  NO
- If no, clinical indication for buprenorphine mono-product: \_\_\_\_\_

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care; such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member, and is supported in your medical records.

Provider Signature\*: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

**\*MUST MATCH PROVIDER LISTED ABOVE**

**Buprenorphine/ Suboxone Criteria from MaineCare Preferred Drug List [www.mainecarepdl.org](http://www.mainecarepdl.org)**

Providers will continue to be required to follow the criteria listed below when prescribing buprenorphine:

- 1-Induction period for new starts max of 30 days
- 2-Max dose of 32 mg for induction
- 3-Max dose of 24 mg for maintenance