



OPIOID WITH CONCURRENT BUPRENORPHINE/NALOXONE OR BUPRENOPRHINE PRIOR AUTHORIZATION REQUEST FORM

MHS 550 N. Meridian St. Suite 101 Indianapolis, IN, 46204-1208 Phone: (877) 647-4848 Fax: (866) 399-0929

Today's Date / / / / / / / / / / / / / / / / / / /								
Note: This form must be completed by the prescribing provider.								
All sections must be completed or the request will be returned								
Patient's Medicaid #			Date of I	Birth /	/			
Patient's Name			Prescriber's Name					
Prescriber's IN License #			Specialty	Specialty				
Prescriber's NPI #			Prescribe	er's Signature				
Return Fax #] -		Return P	Phone #				
Check box if requesting retro-active PA				of service requested for ive eligibility (if applicable):				
Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).								
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Requested Medication	Strength	Qu	antity	Dosage Regimen	Diagnosis			
Requested Medication	Strength	Qu	ıantity	Dosage Regimen	Diagnosis			
Requested Medication Concurrent Opioid/Buprenorphi		Qu	antity	Dosage Regimen	Diagnosis			
Concurrent Opioid/Buprenorphi		Qu	antity	Dosage Regimen	Diagnosis			
•	ne PA aloxone or b	upren	norphine l	has been notified and appl	roves the use of			
Concurrent Opioid/Buprenorphi Please check all that apply: Prescriber of the buprenorphine/na prescribed opioid therapy. Please	ne PA aloxone or be indicate bu	upren	norphine l	has been notified and appl	roves the use of			
Concurrent Opioid/Buprenorphi Please check all that apply: Prescriber of the buprenorphine/na prescribed opioid therapy. Please name:	ne PA aloxone or be indicate buy s or less. used concolle a brief exp	upreno preno mitan blanat de pla	norphine l rphine/na tly with b ion as to	has been notified and applaloxone or buprenorphine uprenorphine/naloxone or why opioid therapy is nee	roves the use of prescriber's buprenorphine for ded for a duration			
Concurrent Opioid/Buprenorphi Please check all that apply: Prescriber of the buprenorphine/na prescribed opioid therapy. Please name: Opioid therapy prescribed is 7 day If opioid therapy is expected to be greater than 7 days, please provid longer than plan permitted limits. F	ne PA aloxone or be indicate buy s or less. used concolle a brief exp	upreno preno mitan blanat de pla	norphine l rphine/na tly with b ion as to	has been notified and applaloxone or buprenorphine uprenorphine/naloxone or why opioid therapy is nee	roves the use of prescriber's buprenorphine for ded for a duration			
Concurrent Opioid/Buprenorphi Please check all that apply: Prescriber of the buprenorphine/na prescribed opioid therapy. Please name: Opioid therapy prescribed is 7 day If opioid therapy is expected to be greater than 7 days, please provid longer than plan permitted limits. F	ne PA aloxone or be indicate buy s or less. used concolle a brief exp	upreno preno mitan blanat de pla	norphine l rphine/na tly with b ion as to	has been notified and applaloxone or buprenorphine uprenorphine/naloxone or why opioid therapy is nee	roves the use of prescriber's buprenorphine for ded for a duration			

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