

**Zubsolv Prior Authorization Request Form**  
**FAX to: WellCare Pharmacy 1-866-455-6558**

Member ID#		Date Submitted			
Name		DEA# (including X)			
Phone		NPI #			
DOB		Prescriber Name			
Duration of Therapy**		Phone		Fax	
Specialty Prescriber		Alternate Phone		Contact	

*Form must be completed, signed and submitted by a physician with a Drug Addiction Treatment Act (DATA) waiver (UIN #)*

**Drug Requested (include strength & dosage form)\*:** \_\_\_\_\_

\*Doses above 17.1mg buprenorphine/ 4.2mg naloxone per day will NOT be approved.

\*\*Approval duration of therapy is 3 months (doses less than or equal to 11.4 mg/2.8 mg per day) or 1 month (doses above 11.4 mg/2.8 mg per day)

**Quantity:** \_\_\_\_\_ **Sig:** \_\_\_\_\_ **Start date of this PA:** \_\_\_\_\_

- Primary Diagnosis:** \_\_\_\_\_
- Psychosocial Counseling:** \_\_\_\_\_

- Date of last psychosocial counseling session: \_\_\_\_\_
- Has patient been compliant with all sessions? [ ] Yes [ ] No

3. Please provide plan for method and dates (next 3) of psychosocial counseling going forward:

- Method: \_\_\_\_\_
- Dates: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

4.  **New Start**       **Reauthorization (established patient)**

***If new start, a taper schedule showing dose reduction and timeframe for tapering is required.***

***If established patient, must submit most current urine drug screen with this request.***

5. Does patient currently abuse alcohol? [ ] Yes [ ] No

6. Has patient taken opioids in the past 30 days? [ ] Yes [ ] No

- If yes, please state reason for opioid use: \_\_\_\_\_
- If yes, has patient experienced a relapse in disease? [ ] Yes [ ] No

**7. Taper trial (documentation of attempts to taper including schedule, dose, duration and outcome) is required for reauthorization** after 3 months continual therapy for doses less than or equal to 11.4 mg/2.8 mg per day OR 1 month continual therapy for doses above 11.4 mg/2.8 mg per day.

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



\*\* I certify that I have a *Drug Addiction Treatment Act (DATA) waiver*.

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