TUFTS Health Plan

Tufts Health RITogether
Buprenorphine Sublingual Tablets (Subutex)
Medication Request Form
Please fax form to: 617.673.0988

Today's date: _____/_____/_____

*This medication request form applies only to members of Tufts Health RITogether. Participating providers should use this form to request authorization for buprenorphine SL (Subutex) tablet. Please call us at **844.301.4093** with any questions about medication requests.*

We can only process completed forms.

Member/prescriber information

Member name: _____
Member ID #: _____
Member DOB: _____/_____/_____
Pharmacy used by member: _____
Pharmacy telephone number, with area code: _____

Prescriber name: _____
Prescriber specialty: _____
XDEA # (required): _____
Prescriber contact name & phone #: _____
Prescriber fax #, with area code: _____

Medication information

Drug name: Buprenorphine SL Tablets (Subutex)
Strength, Frequency, Duration: _____

Clinical information

Diagnosis: ☐ Opioid addiction or dependence ☐ Other, specify: _____
The request is for: *Check one*

- ☐ Induction
- ☐ Pregnancy/nursing: Estimated due date/anticipated nursing date: _____/_____/_____
- ☐ Contraindication (e.g. suboxone, naloxone), please specify: _____
- ☐ Other: please specify: _____

Does your treatment plan include any of the following? *Check all that apply.*

- ☐ Psychosocial support (i.e. Counseling and/or Treatment Groups
- ☐ Routine office visits
- ☐ Dose taper ☐ Toxicology screening ☐ Duration of Buprenorphine Treatment
- ☐ Other, please specify: _____

By checking the following box, I certify that applying the standard review time may seriously jeopardize my patient's life, health, or ability to attain, maintain, or regain maximum function.

☐ Request expedited review

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

_____

Prescriber signature (STAMP NOT ACCEPTED) *Date*

Forms available at tuftshealthplan.com/provider
Tufts Health Public Plans Rhode Island provider services number: 844.301.4093
6017 05227