



## Suboxone® Prior Authorization Request Form

Suboxone is indicated for abstinence maintenance of substance abuse in patients with opioid dependence and who are abstinent prior to treatment. To receive prior authorization for treatment, the member ***MUST*** participate in a comprehensive management program that includes psychosocial support.

NOTE: Suboxone tablets will only be authorized with documented intolerance to Suboxone Film.

Please call Allegiant Rx

866-888-0103

Option 2

For a copy of the Suboxone Prior  
Authorization Request Form