1. Is the medication being used for symptoms of opioid withdrawal due to abrupt opioid discontinuation? **Yes** or **No**

2. Is the medication being used as part of a comprehensive management program for the treatment of opioid use disorder? **Yes** or **No**

3. Is the request for more than 14 days of therapy? **Yes** or **No**
   □ If Yes, what is the clinical reason for requesting more than 14 days of therapy?

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