

PRIOR AUTHORIZATION REQUEST FORM

Virginia Premier Oral Buprenorphine Product Review

Phone: 800-727-7536

Fax back to: 833-770-7569

Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	Prescriber Name:	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Expedited/Urgent

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Oral Buprenorphine Products Do not require prior authorization if:

- It is for a preferred product Suboxone SL film or buprenorphine/naloxone tablets;
- If the member is 16 or older
- If the prescribed dosage is 24mg/day or less
- Can be prescribed by an in-network or out of network prescriber
- The prescriber is a buprenorphine-waivered provider

Is the request for a scenario outside of the above mentioned criteria?

Yes

No

Q2. Please indicate which product is being requested:

- Suboxone SL Films
- Buprenorphine/Naloxone SL tablets
- Buprenorphine SL Tablet
- Buprenorphine/Naloxone (generic) FILMS
- Zubsolv SL tablets

Q3. Is the patient between the age of 16-44 and pregnant? (**Buprenorphine monotherapy will only be covered for pregnant women for a maximum of 10 months. No other indications will be accepted**)

Yes

No

Q4. Does patient meet criteria for a diagnosis of Opioid Use Disorder (defined by DSM 5)?

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<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q5. Is the patient 16 years of age or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q6. Has the prescriber reviewed the Virginia Controlled Substance Database PMP before the initiation of therapy? (Virginia Controlled Substance Database PRESCRIPTION MONITORING PROGRAM (PMP) https://www.pmp.dhp.virginia.gov/VAPMPWebCenter/login.aspx) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q7. Has the prescriber reviewed the Virginia PMP on the date of the request for maintenance therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. Due to a higher risk of fatal overdose with concomitant use of these drugs, the prescriber shall only co-prescribe benzodiazepines, opioids, sedative hypnotics, tramadol, carisoprodol when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medication. Has Prescriber documented a tapering plan. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9. Is the prescriber checking random urine drug screens as part of the treatment plan? (The urine drug screens should check for buprenorphine, norbuprenorphine, methadone, oxycodone, benzodiazepines, amphetamine/methamphetamine, cocaine, heroin, THC, other prescriptions opiates.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q10. Is the patient intolerant to Suboxone (brand name) films and buprenorphine/naloxone tablets ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q11. If yes, please submit a completed FDA Medwatch form (FDA Form 3500) with this request. Intolerance to Suboxone films and buprenorphine/naloxone tablets must be accompanied by documentation of the intolerance from a completed FDA Medwatch form that was submitted to the FDA documenting the intolerance. If the intolerance is due to hepatic insufficiency, please submit lab values indicating the Child-Pugh score. Has the completed FDA Medwatch form (available at http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM163919.pdf) been submitted with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Q12. Virginia Premier does not recognize the use of drug samples to meet clinical criteria requirements for prior drug use for drugs covered under the pharmacy benefit or drugs administered in the physician office or other outpatient setting. A physician's statement that samples have been used cannot be used as documentation of prior drug use. Do you attest that you have read and understand this statement and are not indicating sample usage as continuing therapy?

Yes

No

Prescriber Signature

Date

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