

**BUPRENORPHINE INITIAL
PRIOR AUTHORIZATION REQUEST FORM******SUBMIT PRIOR AUTHORIZATION TO ENVISION RX OPTIONS • PHONE: 855-872-0005 • FAX: 877-503-7231******GENERAL INFORMATION**

Patient Name:	Date of birth:	Is the patient 16 years of age or greater? ☐ Yes ☐ No
Patient Address:	Patient Phone #:	
City	State	Zip
		Member ID #:

PHYSICIAN INFORMATION

Physician Name:	Practice type: ☐ PCP ☐ Specialty _____	
Practice Address:	Physician NPI:	
City	State	Zip
		Prescriber 'X' DEA #:

SECTION I: TREATMENT INFORMATION

Drug Name: Buprenorphine Tablets	Strength:	Directions:	Quantity:
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Please indicate the diagnosis.

- ☐ Opioid dependence; used for induction therapy only
☐ Opioid dependence in a pregnant woman
☐ Opioid dependence; used for maintenance therapy
☐ Pain Management
☐ Other: _____

Is the total daily dose being prescribed for Buprenorphine greater than 16mg/4mg per day? **See Section II. ****

☐ Yes ☐ No

Does the member have a documented allergic reaction or intolerance to naloxone? ☐ Yes ☐ No

If yes, provide medical records (FDA MedWatch Form) documenting the reaction.

Is the member pregnant? ☐ Yes ☐ No ☐ MALE

If yes, anticipated due date: _____

Is the member breastfeeding? ☐ Yes ☐ No ☐ MALE

If you answered "No" to the questions above, what is the medical necessity for prescribing Buprenorphine, rather than Suboxone (buprenorphine/naloxone), for this member? _____

Does the patient have any untreated or unstable psychiatric conditions that may interfere with compliance?

☐ Yes ☐ No If yes, list the conditions: _____

Does the prescriber of the Buprenorphine attest that the patient had consistent participation in a substance abuse or behavioral health program, behavioral health counseling, an addictions recovery program, or the Suboxone "Here to Help program?"

☐ Yes ☐ No ☐ Unknown

SECTION II: COVERAGE NOTES

****VPHP covers up to 24/6 mg per day for the first 60 days of treatment. After this initial period, no more than 16/4 mg per day may be covered. THERE IS A 16MG/4MG QUANTITY LIMIT IN PLACE.**

Upon approval, the patient will automatically be **locked in** for Buprenorphine to the physician requesting authorization.

SECTION III: ATTESTATION

The U.S. Department of Health and Human Services endorses the Federation of State Medical Boards – Model Policy Guidelines for Opioid Addiction Treatment. The prescribing physician agrees to follow these guidelines, including: (1) **The patient should receive Buprenorphine from only one physician and/or pharmacy.** Prescribers are encouraged to check the Virginia Prescription Monitoring Program. (2) The physician should employ the use of a written agreement between the physician and patient addressing issues such as: (a) Alternative treatment options. The mainstay of addiction treatment is ABSTINENCE COUNSELING. Medication assisted addiction treatment primarily decrease cravings. (b) Regular toxicological testing for drugs of abuse and therapeutic drug levels. Urine drug screens provide a teachable moment. (c) Number and frequency of all prescription refills. **NO replacement supply for early refills or lost/stolen medication.** (d) Reasons for which drug therapy may be discontinued. (3) Continuation or modification of opioid therapy should depend on the physician's evaluation of progress toward stated treatment objectives such as: (a) Absence of toxicity. Abstinence from illicit drug use. (b) Absence of medical or behavioral adverse effects. (c) Responsible handling of medications. Appropriate patient counseling of concomitant alcohol use and other CNS depressants. (d) Compliance with all elements of the treatment plan, including recover-oriented activities, psychotherapy, and/or psychosocial modalities.

Has the prescribing physician read the above ATTESTATION statement and coverage notes? ☐ Yes ☐ No

Does the prescribing physician agree to follow guidelines set forth by State Medical Boards for opioid addiction treatment? ☐ Yes ☐ No

SUBMISSION INSTRUCTIONS

(Please attach any additional medical justification)

FAX. You may fax form to:

EnvisionRxOptions at 877-503-7231

☐ **Expedited/Urgent**

Physician Signature

Date

Last updated 09/2015