

Prior Authorization (PA) Form Oral Buprenorphine Products



Preferred Suboxone® SL film in dosages 24mg/day or less prescribed by any in-network, buprenorphine waived provider does not require a PA.

Length of Authorization: 3 Months (Initial PA), 6 months (Maintenance PA)

If the following information is not complete, correct, or legible, the PA process can be delayed.

Please use one form per Anthem HealthKeepers Plus member.

MEMBER INFORMATION

Last Name:

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First Name:

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Medicaid ID Number:

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Date of Birth:

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Gender: Male Female

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

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First Name:

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NPI Number:

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Specialty:

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Phone Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax Number:

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DEA X #:

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DEA X # Expiration:

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DRUG INFORMATION

OPIOID DEPENDENCY – ORAL BUPRENORPHINE

The Board of Medicine reg 18VAC85-21-150 DOSES GREATER THAN 24 MG/DAY WILL DENY.

Maximum Quantities for Dose Optimization (Preferred Drugs)

- | | |
|---|--|
| <input type="checkbox"/> buprenorphine SL tab 2mg; 3/day | <input type="checkbox"/> buprenorphine SL tab 8mg; 2/day |
| <input type="checkbox"/> Suboxone® SL film 2mg/0.5mg; 3/day | <input type="checkbox"/> Suboxone® SL film 4mg/1mg; 1/day |
| <input type="checkbox"/> Suboxone® SL film 8mg/2mg; 3/day | <input type="checkbox"/> Suboxone® SL film 12mg/3mg; 2/day |

Maximum Quantities for Dose Optimization (Non-Preferred Drugs)

- | | |
|--|---|
| <input type="checkbox"/> Bunavail™ 2.1mg/0.3mg buccal film; 1/day | <input type="checkbox"/> Bunavail™ 4.2mg/0.7mg buccal film; 2/day |
| <input type="checkbox"/> Bunavail™ 6.3mg/1mg buccal film; 3/day | <input type="checkbox"/> buprenorphine/naloxone SL tab 2mg/0.5mg; 3/day |
| <input type="checkbox"/> buprenorphine/naloxone SL film 2mg/0.5mg; 3/day | <input type="checkbox"/> buprenorphine/naloxone SL film 4mg/1mg; 1/day |
| <input type="checkbox"/> buprenorphine/naloxone SL film 8mg/2mg; 3/day | <input type="checkbox"/> buprenorphine/naloxone SL tab 8mg/2mg; 3/day |
| <input type="checkbox"/> Zubsolv™ SL tab 0.7mg/0.18mg; 2/day | <input type="checkbox"/> Zubsolv™ SL tab 1.4mg/0.36mg; 2/day |
| <input type="checkbox"/> Zubsolv™ SL tab 2.9mg/0.71mg; 2/day | <input type="checkbox"/> Zubsolv™ SL tab 5.7mg/1.4mg; 2/day |

<https://mediproviders.anthem.com/va>

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Zubsolv™ SL tab 8.6mg/2.1mg; 2/day
(Form continued on next page.)

Zubsolv™ SL tab 11.4mg/2.9mg; 2/day

Member's Last Name:

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Member's First Name:

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Drug Name/Form: _____

Strength: _____

Quantity per Day: _____

TREATMENT INFORMATION

PA Criteria Align with Virginia Board of Medicine's Regulations Governing Prescribing of Opioids and Buprenorphine

1. Your member's pregnancy has been confirmed by a positive laboratory test?

Yes No

Buprenorphine mono-product will only be covered for pregnant women for a maximum of 10 months.
Document expected date of delivery: _____

(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred/non-formulary drug is prescribed. See Q8 if non-formulary drug is prescribed.)

2. Does member meet criteria for a diagnosis of Opioid Use Disorder (defined by DSM 5:

<https://pcssnow.org/resource/opioid-use-disorder-opioid-addiction/>)?

Yes No

3. Is the member 16 years of age or older?

Yes No

VIRGINIA PRESCRIPTION MONITORING PROGRAM (PMP)

<https://www.pmp.dhp.virginia.gov/VAPMPWebCenter/login.aspx>

4. Has the prescriber reviewed the Virginia Prescription Monitoring Program (PMP) **before the initiation of therapy**?

Yes No

5. Has the prescriber reviewed the Virginia PMP **on the date of the request for maintenance** of therapy?

Yes No

CONCURRENT MEDICATIONS

6. Due to a higher risk of fatal overdose with concomitant use of benzodiazepines, opioids, sedative hypnotics, tramadol, carisoprodol, the prescriber shall only co-prescribe these drugs 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. Prescriber has a documented tapering plan.

Yes No

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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URINE DRUG SCREENING DURING THE MAINTENANCE PHASE

7. 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 prescription opiates.)

Yes No

8. **Non-Preferred agents** require documentation as to why the member cannot be prescribed a preferred agent. Include details and a **completed FDA [MedWatch Form](#) is required to be attached for adverse reactions to combination products.**

Prescriber Signature (Required)

Date

By signature, the Physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the PA process.
Submission of documentation does NOT guarantee coverage.

The completed form may be **FAXED TO 1-844-512-7020.**