



Prior Authorization (PA) Form

Extended release buprenorphine (Sublocade™)

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

Fax back to 1-855-799-2553

If the following information is not complete, correct, or legible, the PA process can be delayed.
Initial PA requests for maintenance therapy may be approved for 3 months. Subsequent requests may be approved for up to 6 months.

PATIENT 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

PRESCRIBER INFORMATION

LAST NAME:

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FIRST NAME:

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SPECIALTY:

NPI NUMBER:

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PHONE NUMBER:

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FAX NUMBER:

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DEA X #:

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DEA X # EXP:

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TREATMENT INFORMATION

- Does patient meet criteria for a diagnosis of Opioid Use Disorder defined by DSM 5:
(<http://pcssnow.org/wp-content/uploads/2014/02/5B-DSM-5-Opioid-Use-Disorder-Diagnostic-Criteria.pdf>)? ☐ Yes ☐ No
- Is the patient 16 years of age or older? ☐ Yes ☐ No
- Has the patient initiated treatment with a transmucosal buprenorphine-containing product followed by dose adjustment for a minimum of seven days? ☐ Yes ☐ No
- Will Sublocade dosing be in accordance with the U. S. Food and Drug Administration approved labeling: 300mg subcutaneously monthly for the first 2 months, followed by a maintenance dose of 100 mg monthly? (increasing the maintenance dose to 300 mg monthly may be considered for patients in which the benefits outweigh the risks). ☐ Yes ☐ No
- Because of the risk of serious harm or death that could result from intravenous self-administration, SUBLOCADE is only available through a restricted program called the SUBLOCADE REMS Program. Healthcare settings and pharmacies that order and dispense SUBLOCADE must be certified in this program and comply with the REMS requirements. Will the prescriber follow the terms and conditions of the Sublocade REMS program (more information here: <https://www.sublocaderems.com/>)? ☐ Yes ☐ No

PATIENT'S LAST NAME:

[illegible]

PATIENT'S FIRST NAME:

[illegible]

6. PSYCHOLOGICAL COUNSELING

- For **Initial treatment** (1st 3 months), is the patient participating in psychosocial counseling (individual or group) at least once per week? ☐ Yes ☐ No
- For **Maintenance** (after the 1st 3 months), is the patient participating in psychosocial counseling (individual or group) at least once to twice per month? ☐ Yes ☐ No
- Provide name and phone number of behavioral health care provider that is providing counseling below & date of next appointment

LAST NAME:

[illegible]

PHONE NUMBER:

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FIRST NAME:

[illegible]**FAX NUMBER:**

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Note: Magellan Rx Management may review claims data to confirm that the patient is receiving counseling. If the provider is not billing for counseling, provide the most recent counseling note.

Virginia PRESCRIPTION MONITORING PROGRAM (PMP) https://www.dhp.virginia.gov/dhp_programs/pmp/default.asp

7. Has the prescriber reviewed the Virginia Prescription Monitoring Program (PMP) before the Initiation of therapy? ☐ Yes ☐ No
Document fill **date of last opioid RX** _____
Document fill **date of last benzodiazepine Rx** _____
8. Has the prescriber reviewed the Virginia PMP on the date of the request for Maintenance of therapy? ☐ Yes ☐ No

Concurrent Medications

9. Is the patient taking any of the following medications below? ☐ Yes ☐ No
- Benzodiazepines, opioids, sedative hypnotics, tramadol (Ultram), carisoprodol (Soma)
 - Due to a higher risk of fatal overdose with concomitant use of these drugs, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medications. Prescriber has a documented tapering plan. ☐ Yes ☐ No

Urine Drug Screening During the Maintenance Phase

10. Is the prescriber checking random urine drug screens at least 4 times per 6 months? ☐ Yes ☐ No
- The urine drug screens **MUST** check for buprenorphine, norbuprenorphine, methadone, oxycodone, benzodiazepines, amphetamine/methamphetamine, cocaine, heroin, THC, and other prescription opiates.

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PATIENT'S LAST NAME:

PATIENT'S FIRST NAME:

[illegible]

11. Are all urine drug screens positive for buprenorphine and norbuprenorphine? ☐ Yes ☐ No
12. The prescriber has provided the **last 2 urine drug screens (with at least 1 of these screenings within past month).** ☐ Yes ☐ No
13. Are all urine drug screens negative for all other substances? ☐ Yes ☐ No
14. If a drug screen is negative for buprenorphine/norbuprenorphine and/or positive for another substance, provide written documentation of steps being taken to address patient's possible diversion of buprenorphine and/or ongoing use of other substances including intensifying the counseling that patient is receiving and/or considering referral to higher level of care (such as intensive outpatient, partial hospitalization, or residential treatment).

X

Prescriber Signature (Required)

Date

(By signature, the Physician confirms the above information is accurate and verifiable by patient records.)