

**Prior Authorization (PA) Form ORAL
BUPRENORPHINE PRODUCTS**

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

Oral Buprenorphine Products Do not require a PA if:

- It is for a preferred product Suboxone® SL film or buprenorphine/naloxone tablets;
- The member must be 16 years of age or older
- The prescribed dose must be less than or equal to 24 mg/day

Length of Authorization: 3 Months (Initial SA), 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 member.

MEMBER INFORMATION

Last Name:

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First Name:

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

Medicaid ID Number:

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

Date of Birth:

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Gender: Male Female

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

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First Name:

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

NPI Number:

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Specialty:

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

Phone Number:

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

Fax Number:

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(Form continued on next page.)

Revised: 03/23/2023 | Effective: 07/01/2023

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

Member's Last Name:

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Member's First Name:

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DRUG INFORMATION

OPIOID DEPENDENCY – ORAL BUPRENORPHINE

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

Drug Name/Form: _____

Strength: _____

Quantity per Day: _____

Maximum Quantities for Dose Optimization (Non-Preferred Drugs)

- buprenorphine/naloxone SL film 2 mg/0.5 mg; 3/day
- buprenorphine/naloxone SL film 4 mg/1 mg; 1/day
- buprenorphine/naloxone SL film 8 mg/2 mg; 3/day
- Zubsolv® SL tab 0.7 mg/0.18 mg; 2/day
- Zubsolv® SL tab 1.4 mg/0.36 mg; 2/day
- Zubsolv® SL tab 2.9 mg/0.71 mg; 2/day
- Zubsolv® SL tab 5.7 mg/1.4 mg; 2/day
- Zubsolv® SL tab 8.6 mg/2.1 mg; 2/day
- Zubsolv® SL tab 11.4 mg/2.9 mg; 2/day

TREATMENT INFORMATION

PA Criteria align with Virginia Board of Medicine's Regulations Governing Prescribing of Opioids and Buprenorphine: <http://www.dhp.virginia.gov/medicine/>

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 Q12 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

(Form continued on next page.)

Member's Last Name:

Member's First Name:

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4. **Non-Preferred agents** require documentation as to why the member cannot be prescribed a preferred agent. Include details and a **completed FDA MedWatch Form** (<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm>) 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 844-512-7020**.