

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

SUBOXONE, ZUBSOLV, BUNAVAIL (buprenorphine/naloxone)

Please see separate criteria for buprenorphine single-agent oral products

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Fax #: _____

Pharmacy NPI: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES

AND THIS COMPLETED FORM TO 855-828-4992

If the prescriber desires to provide additional information or detail, a letter of medical necessity will be accepted as a supplement to, but not a replacement for, progress notes.

INITIAL CRITERIA:

- Minimum age requirement: 16 years old
- Documented diagnosis of opioid dependence
- Prescribing physician must provide their X-DEA number: _____
- Evidence supplied of plans for on-going treatment monitoring that includes drug urine screening, or DOPL reports, or random pill counts
- Description of the psychosocial support to be received by patient, as indicated by chart notes or a brief letter of medical necessity
- A treatment plan that includes a tapering plan and discontinuation of pharmacotherapy
- No concomitant therapy with Vivitrol (naltrexone)
- No concomitant therapy with opiate analgesics

AUTHORIZATION:

Initial 18-month authorization at a maximum of 24mg-6mg/day (Suboxone), 17.1mg-4.2mg/day (Zubsolv) or 12.6mg-2.1mg/day (Bunavail).

RE-AUTHORIZATION:

Re-authorization period is 18-months at a maximum dose of 24mg-6mg/day (Suboxone), 17.1mg-4.2mg/day (Zubsolv) or 12.6mg-2.1mg/day (Bunavail) if the following criteria are met:

- Letter of explanation detailing why an additional approval is needed
- Evidence of psychosocial support received by patient
- Evidence that a taper plan has been attempted, and if failed, why
- Detailed plans for immediate taper if initial taper failed
- A negative urine screen completed within 14 days of reauthorization start date
- No concomitant therapy with Vivitrol (naltrexone)
- No concomitant therapy with opiate analgesics

NOTE: Treatment will only be covered up to 36 months (18 month initial authorization and 18 month re-authorization).

NDC CHANGES: NDC changes for dosage tapering must be submitted in an updated letter of medical necessity, faxed to 855-828-4992

04/10/2015

<http://health.utah.gov/medicaid/pharmacy>