coordinated care

envolve Pharmacy Solutions

# Prior Authorization for Buprenorphine Monotherapy

Fax this completed form to **866-399-0929**

| Patient | Date of birth | ProviderOne ID | Coordinated Care ID |
|---|---|---|---|
| Pharmacy name | Pharmacy NPI | Telephone number | Fax number |
| Prescriber | Prescriber NPI | Telephone number | Fax number |
| Medication and strength | Directions for use | Qty/Days supply | |

Select from the following for your patient and complete associated question(s):

☐ Patient is pregnant. Estimated delivery date (EDD):_____

Was pregnancy confirmed with a lab test by the provider? ☐ Yes ☐ No

Patients approved based on pregnancy will be approved through 30 days after their EDD. When the client is no longer pregnant, transition to a buprenorphine/naloxone combination product is required for ongoing treatment unless client is breastfeeding.

☐ Patient is breastfeeding. Delivery date: _____

Patients approved based on breastfeeding, will be approved for 12 months following delivery. Transition to a buprenorphine/naloxone combination product is required for ongoing treatment thereafter.

☐ Patient has experienced a documented serious allergic or idiosyncratic reaction to the buprenorphine/naloxone combination product. **Chart notes documenting reaction are required.**

☐ Patient has continued to experience severe nausea or daily headache after trying at least two different formulations of buprenorphine/naloxone combination products for at least 7 days each.

Indicate formulations tried for at least 7 days (check all that apply):

☐ Buccal film ☐ Sublingual tab ☐ Sublingual film

**Best practice is to limit patients to a 7-day supply at a time.**

Indicate the intended days supply per fill for your patient: ☐ 7 day ☐ 14 day ☐ 28 day

If over a 7 day supply is indicated:

- Is the reason due to transportation complications? ☐ Yes ☐ No
  If no, provide reason: _____
- Has patient demonstrated evidence of stability (8 weeks of treatment) taking buprenorphine monotherapy and/or buprenorphine/naloxone? ☐ Yes ☐ No
  If yes, how long has patient been clinically stable? _____

| I have read and understand *Medication Treatment Guidelines for Substance Abuse Disorders (SUDs) – Buprenorphine Containing Products* (https://www.coordinatedcarehealth.com/providers/pharmacy.html). | | |
|---|---|---|
| Prescriber signature | Prescriber specialty | Date |

**Notice Prohibiting Redisclosure of Alcohol or Drug Treatment Information**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medial or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)