envolve™ Pharmacy Solutions

SUBOXONE/SUBUTEX OPIOID DETOXIFICATION PRIOR AUTHORIZATION REQUEST FORM

This completed form may be FAXED TO (866) 399-0929. Requests for prior authorization (PA) must include XDEA #, member name and ID#, diagnosis and drug name. ***Incomplete forms will delay processing.*** A 72-hour supply of medication may be requested by phoning (800) 460-8988. Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information.

I. PROVIDER INFORMATION	II. MEMBER INFORMATION
Prescriber name (print):	**Member Name:**
Office Contact Name:	**ID#:**
Fax:	**Date of Birth:**
Phone:	**Medication allergies:**

III. GENERAL INFORMATION (Please complete for both Suboxone and Subutex requests)

Drug name and strength (Check one) ❑Suboxone ❑Subutex	**Dose:**	**Dosage Interval (sig):**	**Qty per Day:**
Diagnosis relevant to this request/ICD-10 code: **Opioid Dependence – 304.0**	**Data 2000 Waiver ID ("X" DEA #)**	**Provider Specialty**	

Expected length of therapy:

Is the Member Pregnant? (Check one) ❑Yes ❑No **If Yes, please state the estimated delivery date:**

Is the patient allergic to Naloxone? (Check one) ❑Yes ❑No

If "No" was not selected for one of the questions above and Subutex is being requested, please provide the clinical rationale for prescribing Subutex instead of Suboxone in the space below:

IV: INITIAL REQUESTS

Please provide Titration Schedule, Name of Screening tool used for diagnosis, & Withdrawal Scale used (Check one)
❑COWS ❑OOWS ❑SOWS

IV: RENEWAL INFORMATION (Please complete ONLY for Renewal Requests)

Provide rationale for long-term use of Suboxone® (after three additional 3 month approvals) along with negative opioid drug screens for 3 months prior to last approval, monthly documentation of drug abuse counseling, monthly pregnancy tests for women of childbearing age and results of liver function test every 6 months

Please check off all clinical rationale for the renewal of Suboxone/Subutex and provide supportive documentation that supports its clinical necessity:

- ❑ Consistent use of Suboxone/Subutex since the initial authorization was granted (note: if gaps of therapy are apparent in the pharmacy claims database, an explanation as to why these gaps are present will be required).
- ❑ Continued participation in drug abuse counseling (attach relevant documentation to confirm such enrollment).
- ❑ Provide 3 consecutive monthly negative urine tests for opiates since last authorization (attach all monthly urine drug screens since the initial authorization was granted). Also, provide liver function tests every 6 months.
- ❑ Provide monthly pregnancy tests for women of childbearing age (attach test for 3 consecutive months since last authorization).

V: APPROVAL AND RENEWAL CRITERIA

A. Treatment for opioid dependence (not approvable for pain management). Patient must be at least 18 years of age or older. Prescriber must have a diagnostic code on approval request. (ICD-9 Code: 304.00 Opiate Dependence)
B. Patient must meet DSM-V-TR criteria for Opiate Abuse and Dependence.
C. Prescriber must provide a screening tool that is used for diagnosis (opiate withdrawal scales (COWS, OOWS, or SOWS) to assess a patient's level of withdrawal.)
D. Subutex® can be approved for induction and dose stabilization for a period not to exceed 5 days.
E. Requests for Suboxone® maintenance therapy will be authorized for the film formulation only unless a clinical contraindication exists that precludes the use of the film formulation. After initiation of Suboxone® therapy the patient's prescription history will be electronically monitored. If there are narcotic medication claims in member's claim history within past 30 days of a current Suboxone® claim, the Suboxone® claim will be rejected. Subutex® treatment can be approved during pregnancy or in cases of naloxone allergy.
F. Patient will be followed in a drug abuse counseling program and will undergo random monthly drug screenings for the duration of treatment.
G. Prescriber must be certified to prescribe Suboxone and manage opioid dependence and be issued a Data 2000 Waiver ID number ("X" DEA number). Approvals beyond a 12 month Suboxone® treatment period are subject to Health Plan review for consideration of further approval. Patients who have met all the initial approval criteria and have had a gap of at least 6 months in therapy will qualify for 1 new 12 month course of treatment.

VI. ADDITIONAL PERTINENT CLINICAL INFORMATION / RATIONALE FOR REQUEST:

Provider Signature:	**Date:**