Prior Authorization for Buprenorphine Monotherapy

Washington State Health Care Authority

Patient	Date of birth	ProviderOne ID

Physician name	Physician NPI	Physician's phone	Physician's fax

Pharmacy name	Pharmacy NPI	Pharmacy's phone	Pharmacy's fax

Medication name and strength	Directions for use	Quantity/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

Is buprenorphine prescriber managing patient's pregnancy? ☐ Yes ☐ No

Has patient been stable on buprenorphine/naloxone for at least 8 weeks? ☐ 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

Indicate the intended days supply per fill for your patient:

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

☐ 7 days ☐ 14 days ☐ 28 days

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 (www.hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-medicaid-drug-coverage-criteria).

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.

How to submit:

Prescribers

Authorization is required for Washington Apple Health clients to receive buprenorphine monotherapy. To request authorization for your patient:

- Go to Apple Health (Medicaid) Drug Coverage Criteria at www.hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-medicaid-drug-coverage-criteria
- Read *Medication Treatment Guidelines for Substance Abuse Disorders (SUDs) – Buprenorphine Containing Products*. You should familiarize yourself with HCA's requirements for office based substance use disorder treatment prior to prescribing or requesting authorization.
- Request authorization:
  - Complete the 13-330 Request for Buprenorphine Monotherapy form.
  - Fax the completed form to the pharmacy filling the prescription and dispensing to your patient.

Pharmacies

To submit a request for buprenorphine monotherapy:

- Complete the agency's Pharmacy Information Authorization (13-835A) form as you would for any other authorization request.
- As supporting documentation to the *Pharmacy Information Authorization* (13-835A), attach 13-330 Request for Buprenorphine Monotherapy form completed by the prescriber.
- Fax both documents to HCA at: (866) 668-1214. The *Pharmacy Information Authorization* 13-835A must be the first document in the fax transmission.
- Authorization requests will not be reviewed until all necessary documents are received by the agency. Please be proactive in obtaining completed forms prior to requesting authorization.

13-330 Request for Buprenorphine Monotherapy form and the Pharmacy Information Authorization (13-835A) can be found at: www.hca.wa.gov/billers-providers-partners/forms-and-publications