

# SENTARA COMMUNITY PLAN (MEDICAID)

## MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-844-305-2331. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If information provided is not complete, correct, or legible, authorization can be delayed.

**Drug Requested:** Brixadi® (buprenorphine) Injection (J0577, J0578) (Medical) (Non-Preferred)

### Preferred Products

<input type="checkbox"/> buprenorphine/naloxone tablets sublingual	<input type="checkbox"/> Sublocade® (buprenorphine extended-release) syringe, subcutaneous injection
<input type="checkbox"/> Suboxone® (buprenorphine/naloxone)film	

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

Member Name: \_\_\_\_\_

Member Sentara #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

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- ☐ Member has trial and failure to **Sublocade**<sup>®</sup> (buprenorphine extended-release) syringe, subcutaneous injection

**AND**

- ☐ 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.

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**Medication being provided by (check applicable box(es) below):**

- ☐ Physician's office                      OR                      ☐ Specialty Pharmacy – PropriumRx

***\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\****

***\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\****