SENTARA HEALTH PLANS

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 1-844-668-1550**. 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**.

For Medicare Members: Medicare Coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx. Additional indications may be covered at the discretion of the health plan.

buprenorphine extended-release subcutaneous injections

Drug Requested: (select one drug below)

❑ **Brixadi®** (buprenorphine ER) **(J0577, J0578)**	❑ **Sublocade®** (buprenorphine ER) **(Q9991, Q9992)**

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 a confirmed diagnosis of Opioid Use Disorder
- ❒ Member is 18 years of age or older
- ❒ For **Brixadi™** requests:
  - ❒ Member has initiated treatment with a transmucosal buprenorphine or a test dose of at least 4 mg has been administered **(verified by chart notes or paid pharmacy claims)**
  - ❒ Provider attests Brixadi™ will be dosed in accordance with the U.S. Food and Drug Administration approved labeling: Buprenorphine naïve patients: If the test dose is tolerated, 16 mg (weekly), followed by an additional 8 mg (weekly) within 3 days of the initial dose for a total recommended weekly dose of 24 mg. May administer an additional 8 mg (weekly), for a total weekly dose of 32 mg. Patients Switching from Transmucosal Buprenorphine: 16 to 32 mg once weekly or 64 to 128 mg monthly; an additional 8 mg (weekly injection) may be administered during a dosing interval up to a maximum of 32 mg/week (weekly) or 128 mg/month (monthly).
- ❒ For **Sublocade™** requests:
  - ❒ Provider attests Sublocade™ will be dosed in accordance with the U.S. Food and Drug Administration approved labeling: 300 mg subcutaneously monthly for the first 2 months, followed by a maintenance dose of 100 mg monthly (increasing the maintenance dose to 300 mg monthly may be considered for patients in which the benefit outweighs the risk)
  - ❒ Member has initiated treatment with a transmucosal buprenorphine containing product followed by dose adjustment for a minimum of seven days **(verified by chart notes or paid pharmacy claims)**
- ❒ Provider will follow the terms and conditions of the REMS Program
- ❒ Provider attests the member will participate in psychological counseling (individual or group)
- ❒ Provider must document the name and phone number of the behavioral health care provider that is providing counseling below & **Date of next appointment**: _____

  LAST NAME: _____ **FIRST NAME:** _____
- ❒ Provider has reviewed the Virginia Prescription Monitoring Program (PMP) either before the initiation of therapy or on the date of the request for maintenance therapy
- ❒ For members who are currently receiving co-administration of one or more of the following medications with Brixadi or Sublocade, provider attests concurrent use has been deemed clinically appropriate due to extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medications:
  - ❒ Benzodiazepines
  - ❒ Opioids/tramadol
  - ❒ Sedative hypnotics
  - ❒ carisoprodol (Soma)

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- ❒ Provider attests random urine drug screens will be ordered and reviewed at least 4 times per 6 months [urine drug screens **MUST** check for buprenorphine, norbuprenorphine, methadone, oxycodone, benzodiazepines, amphetamine/methamphetamine, cocaine, heroin, THC, and other prescription opiates]

Medication being provided by Specialty Pharmacy – Proprium Rx

For urgent reviews: Practitioner should call Sentara Health Plans Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health Plan's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

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.*

(Prescriber's signature is required. By signing this form, the Physician confirms the above information is accurate and verifiable by patient records.)

Patient Utilization Management and Safety (PUMS) Program

Sentara Health Plans has a Patient Utilization Management & Safety (PUMS) program in place. The program makes sure that members are getting the proper health care, especially when it comes to patient safety.

PUMS Program Goal

PUMS deals with prescription drugs as well as other kinds of health care, making certain the member is getting treatment that is proper and safe. Optima Health's clinical staff reviews our members' use of health care services to see whether they should be in the PUMS program. For members in the PUMS program, Sentara Health Plans takes extra steps to make sure they use services safely.

Being considered for PUMS does NOT mean a member has done anything wrong.

For any member who may be at risk for unsafe services, Sentara Health Plans must review whether the member should be in the PUMS program. In cases involving buprenorphine use, the member will automatically enrolled in the PUMS program.

How Might PUMS Change a Member's Care?

Sentara Health Plans may offer case management services. Sentara Health Plans could set a single doctor for controlled substances to see the member, or a single pharmacy to provide controlled substance prescription drugs.

PUMS Member Rights: Sentara Health Plans will send every PUMS member a letter about the program. The letter will make clear how the member can get emergency care. The letter will also tell them how they can appeal being placed in the PUMS program.

PLEASE NOTE: Sentara Health Plans doctors and pharmacists now use the Prescription Monitoring Program (PMP). The PMP helps them make sure that prescription drugs are used safely. Among other Patient Utilization Management & Safety (PUMS) triggers we review patients who have:

High Average Daily Dose: ≥ 120 cumulative morphine milligram equivalents (MME) per day over the past 90 days.

AND/OR

Concurrent use of Opioids and Benzodiazepines – at least 1 Opioid claim and 15 day supply of Benzo (in any order)

Our approach is to work collaboratively with patients and providers to ensure safe and appropriate use of controlled substances. We utilize and promote:

A) PMP Checks
B) Letters to Doctor & Member
C) Soft and Hard Pharmacy edits for Benzodiazepine and Opioid utilization
D) Following CDC Opioid Guidelines
E) Case Management as appropriate

We greatly appreciate your collaboration and Health Care service to our members. As part of our PUMS safety review we hope to collaborate with you for complete patient information with the goal of validating safe and appropriate controlled substance use and coordinated patient care.

RESPECTFULLY,
Sentara Health Plans CLINICAL STAFF