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:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

❑ 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 single dose of transmucosal buprenorphine containing product or is already being treated with buprenorphine **(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 (check applicable box(es) below):

❒ **Physician's office** **OR** ❒ **Specialty Pharmacy**

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.

Approved by Pharmacy and Therapeutics Committee: ~~9/3/2021; 9/21/2023;~~ **3/27/2025**
REVISED/UPDATED/REFORMATTED: 7/6/2018; 3/20/2019; 5/20/2019; 7/8/2019; 9/24/2019; 12/9/2021; 12/24/2021; 10/30/2023; 12/11/2023; 4/4/2024; **4/16/2025**