OPTIMA HEALTH COMMUNITY CARE
AND
OPTIMA FAMILY CARE
(MEDICAID)

PHARMACY 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 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **Incomplete form will delay authorization process.** **Use one form per member.**

Drug Requested: Oral Buprenorphine for Opioid Dependency

Opioid Dependency – Oral Buprenorphine

Maximum Quantities for PREFERRED
DOSES GREATER THAN 16 MG/DAY WILL NOT BE APPROVED WITHOUT MEDICAL JUSTIFICATION

❑ buprenorphine SL tab 2mg - 3/day	❑ Suboxone® SL film 2–0.5mg - 3/day	❑ Suboxone® SL film 8–2mg - 2/day
❑ buprenorphine SL tab 8mg – 2/day	❑ Suboxone® SL film 4–1mg - 1/day	❑ Suboxone® SL film 12–3mg - 1/day

Maximum Quantities for NON-PREFERRED
DOSES GREATER THAN 16 MG/DAY WILL NOT BE APPROVED WITHOUT MEDICAL JUSTIFICATION

❑ Bunavail™ 2.1–0.3mg buccal film - 1/day	❑ buprenorphine/naloxone SL tab 8–2mg - 2/day	❑ Zubsolv™ SL tab 5.7–1.4mg - 2/day
❑ Bunavail™ 4.2–0.7mg buccal film - 2/day	❑ Zubsolv™ SL tab 0.7-0.18mg - 2/day	❑ Zubsolv™ SL tab 8.6–2.1mg - 2/day
❑ Bunavail™ 6.3–1mg buccal film - 2/day	❑ Zubsolv™ SL tab 1.4–0.36mg/ 2/day	❑ Zubsolv™ SL tab 11.4–2.9mg - 2/day
❑ buprenorphine/naloxone SL tab 2–0.5mg - 3/day	❑ Zubsolv™ SL tab 2.9–0.71mg – 2/day	

DRUG INFORMATION: Complete the following information below. If incomplete, authorization process will be delayed.

Drug Name/Form: _____

Strength: _____

Quantity Per Day: _____

(continued on next page)

(Continued on next page. Signature MUST be submitted on page 4.)

CLINICAL CRITERIA: Information MUST be completed to ensure authorization will **NOT** be delayed.

TREATMENT INFORMATION

1. Does patient meet criteria for a diagnosis of Opioid Use Disorder (defined by DSM 5: http://pcssmat.org/wp-content/ uploads/ 2014/02/5 B-DSM-5-Opioid-Use-Disorder-Diagnostic- Criteria.pdf)? ❑ Yes ❑ No
2. Is the patient 16 years of age or older? ❑ Yes ❑ No
3. **PSYCHOLOGICAL COUNSELING**
   - For **Initial treatment** (1st 3 months), is the patient participating in psychosocial counseling (individual or group) at least once per week? ❑ Yes ❑ No
   - For **Maintenance** (after the 1st 3 months), is the patient participating in psychosocial counseling (individual or group) at least once to twice per month? ❑ Yes ❑ No
   - Provide name and phone number of behavioral health care provider that is providing counseling below & Date of next appointment:

Last Name: _____ **First Name**: _____

Phone Number: _____ **Fax Number**: _____

VIRGINIA PRESCRIPTION MONITORING PROGRAM (PMP) - https://virginia.pmpaware.net

4. Has the prescriber reviewed the Virginia Prescription Monitoring Program (PMP) **before the initiation of therapy?** ❑ Yes ❑ No

   Document fill **date of last opioid RX** _____

   Document fill **date of last benzodiazepine Rx** _____
5. Has the prescriber reviewed the Virginia PMP **on the date of the request for Maintenance** of therapy? ❑ Yes ❑ No
6. Is the patient pregnant? ❑ Yes ❑ No
   - **If yes**, document Expected Date of Delivery_____

     If yes, positive pregnancy test must be provided as part of this request. Is it attached? ❑ Yes ❑ No
   - Buprenorphine mono-product will only be covered for pregnant women for a maximum of 10 months, when converting a patient from methadone or buprenorphine mono-product to buprenorphine/naloxone for a period not to exceed 7 days or in formulations other than tablet form for indications approved by FDA. **No other indications will be accepted.**

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CONCURRENT MEDICATIONS

7. Is the patient taking any of the following medications (see below)? ❑ Yes ❑ No

   - Benzodiazepines, opioids, sedative hypnotics, tramadol (Ultram), carisoprodol (Soma)
   - **If yes**, Due to a higher risk of fatal overdose with concomitant use of these drugs, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medication. Prescriber has a documented tapering plan? ❑ Yes ❑ No

URINE DRUG SCREENING DURING MAINTENANCE PHASE

8. Is the prescriber checking random urine drug screens at least 4 times per 6 months? ❑ Yes ❑ No
   The urine drug screens **MUST** check for buprenorphine, norbuprenorphine, methadone, oxycodone, benzodiazepines, amphetamine/methamphetamine, cocaine, heroin, THC, and other prescription opiates.
9. Has prescriber **attached** to this request the last 2 urine drug screens (with at least 1 of these screenings within past month) ❑ Yes ❑ No
10. Are all urine drug screens positive for buprenorphine/norburpenorphine? ❑ Yes ❑ No
11. Are all urine drug screens negative for all other substances? ❑ Yes ❑ No
12. **If the answer to question 10 and/or 11 is no**:
    - Provide written documentation of steps being taken to address patient's possible diversion of buprenorphine and/or ongoing use of other substances including intensifying the counseling that patient is receiving and/or considering referral to higher level of care (such as intensive outpatient, partial hospitalization, or residential treatment). Has this documentation been attached? ❑ Yes ❑ No

NON-PREFERRED PRODUCTS

Non-Preferred agents require documentation as to why the patient cannot be prescribed a preferred agent. Include details and a **completed FDA MedWatch form is required** to be attached for adverse reactions to combination products.

13. **If requesting a Non-Preferred agent** (Zubsolv, Bunavail), has required documentation been attached? ❑ Yes ❑ No

DOSAGE

If requesting a dose of greater than 16 mg per day, provide clinical rationale including documentation of why this higher dose is medically necessary. **Doses greater than 24mg/day *will not* be approved.**
Rationale is summarized below and documentation (chart notes) are attached? ❑ Yes ❑ No

14. **If requesting a dose greater than 16mg per day**, has clinical rational been attached or provided in area below? ❑ Yes ❑ No

_____

_____

Note:

- **Initial Authorization** will be for a period of **3 months**.
- Subsequent requests for **Maintenance Therapy** will be for a period up to **6 months**.

(Continued on next page; Signature page MUST be included with this request.)

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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.*

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

REVISED/UPDATED: ~~8/25/2017~~; ~~12/27/2017~~; ~~3/22/2018~~;**8/28/2018**

Patient Utilization Management and Safety (PUMS) Program

Optima Health Plan 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, Optima Health 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, Optima Health 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?

Optima Health may offer case management services. Optima Health 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: Optima Health 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: Optima Health 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 14 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,

Optima Health Plan CLINICAL STAFF