

**OPTIMA HEALTH COMMUNITY CARE
AND
OPTIMA FAMILY CARE
(MEDICAID)**

PHARMACY/MEDICAL PRIOR AUTHORIZATION*

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: **Sublocade™** (buprenorphine extended-release)

Mark the benefit you would like the PA entered under:

- Medical Buy and Bill – Q9991, Q9992** **Pharmacy Benefit - PropriumRx**

DRUG INFORMATION: Complete the information below or authorization process will be delayed.

DRUG /FORM/STRENGTH: _____

DOSING SCHEDULE: _____ **QUANTITY PER DAY:** _____

LENGTH OF THERAPY: _____

**Initial request for treatment may be approved for 3 months.
Maintenance requests may be approved for up to 6 months.**

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. Has the patient initiated treatment with a transmucosal buprenorphine containing product followed by dose adjustment for a minimum of seven days? Yes No
4. Will Sublocade™ dosing be in accordance with the U.S. Food and Drug Administration approved labeling: 300mg subcutaneously monthly for the first 2 months, followed by a maintenance dose of 100mg monthly? (increasing the maintenance dose to 300mg monthly may be considered for patients in which the benefit outweighs the risk) Yes No
5. Because of the risk of serious harm or death that could result from intravenous self-administration, SUBLOCADE™ is only available through a restricted program called SUBLOCADE™ REMS Program. Healthcare settings and pharmacies that order and dispense SUBLOCADE™ must be certified in this program and comply with the REMS requirements. Will the prescriber follow are the terms and conditions of the Sublocade™ REMS Program (more information here: www.SUBLOCADEREMS.com)? Yes No

6. 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: _____

DATE OF NEXT APPOINTMENT: _____

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

7. 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:** _____

8. Has the prescriber reviewed the Virginia PMP **on the date of the request for Maintenance** of therapy? Yes No

CONCURRENT MEDICATIONS

9. 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

10. 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.

11. The prescriber has **attached** the **last 2 urine drug screens (with at least 1 of these screenings within past month)** Yes No

12. Are all urine drug screens positive for buprenorphine and norbuprenorphine? Yes No

13. Are all urine drug screens negative for all other substances? Yes No

14. If a drug screen is negative for buprenorphine/norbuprenorphine and/or positive for another substance, 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).

(Signature page **MUST** be included with this request.)

****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.)

(Prescriber's signature required)

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Office Contact Name: _____ Date: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 6/21/2018

REVISED/UPDATED: 7/6/2018; 8/22/2018; 8/30/2018; 10/8/2018; 11/19/2018

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