



State of Vermont
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****Updates to Buprenorphine Prior Authorization Form****

Dear Medicaid Provider,

Effective 1/1/23, Vermont Medicaid is updating the prior authorization (PA) requirements for SPOKE/OBOT Buprenorphine prescribing for opioid use disorder (OUD). Prior authorization is required for all doses of non-preferred formulations (e.g., buprenorphine mono tablets) and preferred formulations (e.g., buprenorphine/naloxone combination tablets, Suboxone® films) if the daily dose exceeds 16 mg. The complete list of preferred and non-preferred formulations along with PA criteria can be found on the [DVHA 01/01/2023 PDL](#).

The intent of the PA change is to focus on safe prescribing and treatment practices similar to the prescribing of other opioid medications, and now includes a Safety and Compliance Checklist. The Buprenorphine Safety and Compliance Checklist is intended to ensure that OUD, the management of acute and chronic pain in the setting of OUD, and pregnancy in the setting of OUD are managed in accordance with state and national guidelines.

The updated form may be obtained from the DVHA PA forms website and has also been attached for your convenience. <https://dvha.vermont.gov/forms-manuals/forms/pharmacy-prior-authorization-request-forms-and-order-forms>

DVHA would also like to remind pharmacists about the availability of an emergency 72-Hour fill override. An emergency fill can be dispensed when a required prior authorization has not been secured, and the need to fill the prescription is determined to be an emergency. If the prescriber cannot be reached to obtain the required prior authorization, the pharmacist may dispense an emergency supply to last up to 72 hours.

- The pharmacy should send in PA Type Code (461-EU) = 2 and PA# (462-EV) = 72 on the claim.
- Emergency fills are limited to one 72-hour supply per member/per drug for each calendar month.

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to PBA_VTHelpdesk@changehealthcare.com. Thank you for your continued support of Vermont's clinical pharmacy programs.