Department of Vermont Health Access
NOB 1 South, 280 State Drive
Waterbury, Vermont 05671-1010

~BUPRENORPHINE ~

Prior Authorization Request Form (Spokes/OBOTS)

In order for members to receive Medicaid coverage for medications that require prior authorization, the prescriber must complete and fax this form to Change Healthcare. Please complete this form in its entirety, sign and date below. Incomplete requests will be returned for additional information. For questions, please contact the Change Healthcare help desk at 1-844-679-5363.

Submit request via Fax: 1-844-679-5366

Prescribing physician:
Name: _____
Physician NPI: _____
Specialty: _____
Phone#: _____
Fax#: _____
Address: _____
Contact Person at Office: _____

Beneficiary:
Name: _____
Medicaid ID#: _____
Date of Birth: _____ Sex: _____
Pharmacy Name _____
Pharmacy NPI: _____
Pharmacy Phone: _____ Pharmacy Fax: _____

Dose: _____ Dosage Form (e.g. Film): _____ Frequency: _____ (recommended once daily)

A "Pharmacy Home" for ALL prescriptions MAY BE selected but is no longer required. Please indicate pharmacy you would like member to be locked in: (Optional) _____		
Is this a prior authorization renewal for a member stable on a MAT dose for greater than 1 year (If yes, please proceed to safety checklist on page 2. If no, please proceed with questions below.)	☐Yes	☐ No
For new requests exceeding dosage limits or quantity limits has documentation explaining medical necessity been included?	☐Yes	☐ No
If this request is for a **nonpreferred oral buprenorphine formulation, including mono buprenorphine (formerly Subutex®)**, please answer the follow question:		
In your medical opinion, has the member experienced a current or past intolerance to the preferred products that cannot be resolved or mitigated through alternative efforts? *If **Yes**, please proceed to safety checklist on page two *If **No**, please provide clinical documentation explaining the need for nonpreferred formulation in addition to completing the safety checklist on page two	☐Yes	☐ No
*If multiple doses are being requested to facilitate TITRATION, please indicated in clinical notes *Cutting films in half where clinically indicated at prescriber discretion is not prohibited by DVHA. However, it is recommended that this should be avoided, particularly if there are children in the home, as the child protection is then lost for the remainder of the dose. In addition, the manufacturer does not recommend splitting the film, and there is a lack of data on uniform potency.		

By completing this form, I hereby certify that the above request is true, accurate and complete. That the request is medically necessary, does not exceed the medical needs of the member, and is clinically supported in your medical records. I also understand that any misrepresentations or concealment of any information requested in the prior authorization request may subject me to audit and recoupment.

Please document signature on page two

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~BUPRENORPHINE Safety & Compliance Checklist~

The checklist is provided to support prescribers to use established minimum requirements for office based opioid treatment including proper prescribing, monitoring, and safety as pursuant to Vermont State Rule 18 V.S.A. § 4752 and Act 195§14 of 2013. MAT Rule.Final Adopted.September 2021 .pdf (healthvermont.gov). **It is also intended to ensure that both OUD and the management of acute and chronic pain in the setting of OUD are managed in accordance with state and national guidelines. DVHA references and aligns with the 2020 ASAM Guidelines and 2021 DVHA Guidelines relating to MAT and treatment of OUD.**

The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update
VERMONT SUBSTANCE USE DISORDER OFFICE BASED OPIOID TREATMENT GUIDELINES

Please select all applicable diagnoses for:	☐ Acute Pain	☐ Chronic Pain
*Note Suboxone is not FDA approved for alleviation of pain without SUD	☐ Acute on Chronic Pain	☐ Opioid Use Disorder

Both ASAM and DVHA Guidelines recommend monitoring for medication diversion and the appropriateness of continued treatment. To ensure patient and public safety, Vermont State Rules governing MAT require diversion monitoring practices. (Section 6.5)
Please select current diversion monitoring practices utilized while treating this member. The inability to provide diversion monitoring practices will subject prior authorization to DVHA clinical staff for further in-depth review. (Minimum of 3 required)

- ☐ VPMS Query
- ☐ Patient counselled about diversion and safe storage
- ☐ Limited day supply prescriptions (1 week or less)
- ☐ Random or follow up medication counts
- ☐ Random toxicology screens (Urine Drug Screens)
- ☐ Verification of patient taking medication as directed through monitored dosing
- ☐ New starts, verification completed to ensure patient is not receiving concurrent treatment from alternative provider (Hub facility)
- ☐ Other methods of diversion monitoring have been completed,
  Please List: _____

NOTE: False or misleading attestation of diversion monitoring practices may result in recoupment of paid services and/or disciplinary action, including referral to the medical board or exclusion from Vermont Medicaid.

Pain Diagnosis: For patients with dual diagnosis of pain:

Please list the diagnosis for pain condition being managed, if applicable: _____
*If the requested medication is **NOT** being used for pain control there will not be a need to fill out any further questions

Please list the duration of anticipated treatment dose: _____

ASAM Guidelines recommend trials of other non-opioid medications and pain management modalities prior to increasing the buprenorphine dose for pain. Have other medications and modalities been tried? Such treatments may include, but are not limited to: NSAID/Acetaminophen
If Yes, please list: _____

If No, please indicate clinical rationale: _____

If this is a dose increase request for chronic pain, has the patient's PCP been consulted and/or have they been referred to a specialist for appropriate management of the pain condition?	☐Yes	☐ No	☐ N/A
ASAM Guidelines: Increasing the daily dose of buprenorphine by 20–25% and splitting it into 3–4 doses can often adequately address acute pain			
Has split dosing (multiple daily administrations) on current dose been trialed for pain control?	☐Yes	☐ No	☐ N/A
Does the dose increase for acute pain amount to greater than 20-25% daily dose? *If yes, please provide clinical rationale	☐Yes	☐ No	☐ N/A
In those treated for **acute pain**, is there a provider plan to taper dose down to minimal effective dosage? (If yes, please submit the taper plan with clinical documentation)	☐Yes	☐ No	☐ N/A

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Prescriber Signature:_____ **DEA License#:**_____ **Date of request:**_____

CHANGE HEALTHCARE