

OPIOID USE DISORDER TREATMENTS PRIOR AUTHORIZATION FORM

Prior authorization guidelines for Opioid Use Disorder Treatments and Quantity Limits/Daily Dose Limits are available on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	total # pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
Facility contact name/phone:			Street address:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Drug requested:	Strength:	Dosage form:
Directions:	Quantity:	Requested duration:
Diagnosis (<i>submit documentation</i>):		Dx code (<i>required</i>):

- Pennsylvania law requires prescribers to query the PA PDMP each time a patient is prescribed an opioid drug product or benzodiazepine.
- Naloxone is available at Pennsylvania pharmacies via standing order from the Secretary of the Department of Health. Pennsylvania Medical Assistance beneficiaries may obtain naloxone free-of-charge through their prescription drug benefit.

Complete all sections that apply to the beneficiary and this request.
Check all that apply and submit documentation for each item.

1.	For a non-preferred SUBLINGUAL buprenorphine product (eg, film, tablet): <input type="checkbox"/> Tried and failed or has a contraindication or an intolerance to the preferred SUBLINGUAL buprenorphine Opioid Use Disorder Treatments (<i>Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.</i>)
2.	For a non-preferred NON-SUBLINGUAL buprenorphine product (eg, injection): <input type="checkbox"/> Tried and failed or has a contraindication or an intolerance to the preferred NON-SUBLINGUAL buprenorphine Opioid Use Disorder Treatments (<i>Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.</i>)
3.	For Lucemyra (lofexidine) : <input type="checkbox"/> Tried and failed or has a contraindication or an intolerance to clonidine tablet
4.	For a SUBLINGUAL buprenorphine product ABOVE THE DAILY DOSE LIMIT OF 24 MG of buprenorphine per day : <input type="checkbox"/> Is prescribed a daily dose consistent with medically accepted prescribing practices and standards of care <input type="checkbox"/> Had an unsatisfactory clinical response (eg, uncontrolled withdrawal or cravings) at the current quantity limit of 24 mg per day <input type="checkbox"/> If already established on buprenorphine, has results of a recent UDS demonstrating compliance with sublingual buprenorphine therapy

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:
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