

# OPIOID USE DISORDER TREATMENTS PRIOR AUTHORIZATION FORM

(form effective 7/10/23)



Fax to PerformRx<sup>SM</sup> at **1-888-981-5202**, or to speak to a representative, call **1-866-610-2774**.

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request	Total # of 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> ):
<ul style="list-style-type: none"><li>• Pennsylvania law requires prescribers to query the PA PDMP each time a patient is prescribed an opioid drug product or benzodiazepine.</li><li>• Naloxone is available at Pennsylvania pharmacies via standing order from the Secretary of the Department of Health. Pennsylvania Medical Assistance beneficiaries may obtain naloxone <u>free-of-charge</u> through their prescription drug benefit.</li></ul>		

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

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

Prescriber signature:	Date:
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