

Sublocade/Brixadi Prior Authorization Form



CareOregon

Please use the form below when requesting Sublocade or Brixadi for Medicaid (OHP) members.

Member information

Last name: _____ First name: _____ MI _____

DOB: ____/____/____ Gender: Male Female Member ID: _____

Provider information/ prescriber signature

Provider name: _____ Clinic: _____

Provider phone: _____ Provider fax: _____

Signature of prescribing provider: _____

Person completing the form

Date: _____ Name: _____

Phone: _____ Fax: _____

Sublocade supply

"Buy and bill" from provider purchased stock (STANDARD) - Fax to 503-416-4722

Pharmacy dispense (EXCEPTION)

• **Prior administrative approval required**

(this form is not for requesting administrative approval for an exception)

• Yes I have gotten approval: Fax to 503-416-8109

• No. If your request is submitted, it will be processed as a buy and bill.

Diagnosis

Primary ICD-10 code:

Secondary ICD-10 code:

Which of the following best describes the clinical situation of the member (at least one/check all that apply)?

Note: these requests are not being clinically scrutinized regardless of the clinical situation provided below

Initial request (6-month authorization)

- Overdose or hospitalization history with recent instability/recurrence of use.
- Multiple oral buprenorphine failures recently _____ resulting in disengagement.
- Obvious functional limitation in being able to take a medication daily.
- Temporary use to bridge in or out of a corrections facility.
- Tapering off medication for opioid use disorder entirely:
 - Ongoing cravings despite 32 mg oral buprenorphine
 - One recent recurrence of use, but previously stable
 - No recent recurrence of use, but historical recurrence of use
 - Patient preference or oral was inconvenient
 - Other (please describe): _____

Renewal request (12-month authorization)

- Complete abstinence from illicit opioid use
- Significant reduction in recurrence of use since starting therapy
- Patient reported improvement/stability
- Patient choice
- Other (please describe): _____

