



Oral Buprenorphine products do not require a SA if:

- It is for a preferred product Suboxone® SL film or buprenorphine/naloxone tablets
• If the member is 16 or older
• If the prescribed dosage is 24 mg/day or less

Length of Authorization: 3 Months (Initial SA), 6 months (Maintenance SA)

If the following information is not complete, correct, and legible, the SA process could be delayed. Please use one form per member.

MEMBER INFORMATION

Last Name:

Grid for last name input

First Name:

Grid for first name input

Molina ID Number:

Grid for Molina ID number input

Date of Birth:

Grid for date of birth input

Gender [ ] Male [ ] Female

Weight in Kilograms: \_\_\_\_\_

PRESCRIBER INFORMATION

Last Name:

Grid for last name input

First Name:

Grid for first name input

NPI Number:

Grid for NPI number input

Specialty:

Line for specialty input

Phone Number:

Grid for phone number input

Fax Number:

Grid for fax number input

(Form continued on next page.)

Member's Last Name

Member's First Name

Grid for Member's Last Name

Grid for Member's First Name

**DRUG INFORMATION**

**OPIOID DEPENDENCY – ORAL BUPRENORPHINE**

The Board of Medicine reg 18VAC85-21-150: DOSES GREATER THAN 24 MG/DAY WILL DENY.

Drug Name/Form: \_\_\_\_\_

Strength: \_\_\_\_\_

Quantity per day: \_\_\_\_\_

**Maximum Quantities for Dose Optimization (Non-Preferred Drugs)**

- buprenorphine/naloxone SL film 2 mg/0.5 mg; 3/day
- buprenorphine/naloxone SL film 4 mg/1 mg; 1/day
- buprenorphine/naloxone SL film 8 mg/2 mg;3/day
- Zubsolv® SL tab 0.7 mg/0.18 mg; 2/day
- Zubsolv® SL tab 1.4 mg/0.36 mg;2/day
- Zubsolv® SL tab 2.9 mg/0.71 mg; 2/day
- Zubsolv® SL tab 5.7 mg/1.4 mg; 2/day
- Zubsolv® SL tab 8.6 mg/2.1 mg; 2/day
- Zubsolv® SL tab 11.4 mg/2.9 mg;2/day

**TREATMENT INFORMATION**

[SA Criteria Align with Virginia Board of Medicine's Regulations Governing Prescribing of Opioids and Buprenorphine](#)

1. Member's pregnancy has been confirmed by a positive Laboratory test

Yes  No

Buprenorphine mono-product will only be covered for pregnant women for a maximum of 10 months.

Document expected date of delivery: \_\_\_\_\_

(IF YES, PLEASE SIGN AND SUBMIT, NO FURTHER INFORMATION REQUIRED unless a non-preferred/non-formulary drug is prescribed. See the Non-Preferred/Non-Formulary Drugs Section if a non-formulary drug is prescribed.)

2. Member meets criteria for a diagnosis of Opioid Use Disorder

(defined by DSM 5: <https://pcssnow.org/resource/opioid-use-disorder-opioid-addiction/>).

Yes  No

3. Member is 16 years of age or older?

Yes  No

(Form continued on next page.)

