

**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
- It can be prescribed by an in-network or out of network prescriber
- The prescriber is a buprenorphine-waivered provider

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:

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First Name:

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MCC ID Number:

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Date of Birth:

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Gender:  Male  Female

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

**PRESCRIBER INFORMATION**

Last Name:

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First Name:

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NPI Number:

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Specialty:

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Phone Number:

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Fax Number:

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DEA X #:

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DEA X # Expiration:

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*(Form continued on next page.)*

Member's Last Name:

Grid for Member's Last Name

Member's First 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 (Preferred Drugs)

- Checkboxes for preferred drug dosages: buprenorphine SL tab 2 mg; 3/day, buprenorphine SL tab 8 mg; 2/day, buprenorphine/naloxone SL tab 2 mg/0.5 mg; 3/day, buprenorphine/naloxone SL tab 8 mg/2 mg; 3/day, Suboxone SL film 2 mg/0.5 mg; 3/day, Suboxone SL film 4 mg/1 mg; 1/day, Suboxone SL film 8 mg/2 mg; 3/day, Suboxone SL film 12 mg/3 mg; 2/day

Maximum Quantities for Dose Optimization (Non-Preferred Drugs)

- Checkboxes for non-preferred drug dosages: 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 checkboxes

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 checkboxes

3. Member is 16 years of age or older.

- Yes No checkboxes

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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**VIRGINIA PRESCRIPTION MONITORING PROGRAM (PMP)**

<https://www.dhp.virginia.gov/PractitionerResources/PrescriptionMonitoringProgram/>

1. Prescriber has reviewed the Virginia Prescription Monitoring Program (PMP) before the initiation of therapy.  
 Yes     No
2. The prescriber has reviewed the Virginia PMP **on the date of the request for maintenance** of therapy.  
 Yes     No

**CONCURRENT MEDICATIONS**

1. Due to a higher risk of fatal overdose with concomitant use of benzodiazepines, opioids, sedative hypnotics, tramadol, and carisoprodol, the prescriber shall only co-prescribe these drugs when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medication. Prescriber has a documented tapering plan.  
 Yes     No

**URINE DRUG SCREENING DURING THE MAINTENANCE PHASE**

1. Prescriber is checking random urine drug screens as part of the treatment plan. (The urine drug screens should check for buprenorphine, norbuprenorphine, methadone, oxycodone, benzodiazepines, amphetamine/methamphetamine, cocaine, heroin, THC, and other prescription opiates.)  
 Yes     No

**NON-PREFERRED/NON-FORMULARY DRUGS**

1. **Non-Preferred agents** require documentation as to why the member cannot be prescribed a preferred agent. Include details. A completed FDA [MedWatch Form](#) is required to be attached for adverse reactions to combination products.

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**Prescriber Signature (Required)**

**Date**

By signature, the physician confirms the above information is accurate and verifiable by member records.

**Please include ALL requested information; incomplete forms will delay the SA process.**

Submission of documentation does NOT guarantee coverage by Molina Complete Care.

The completed form may be **FAXED to 1-844-278-5731**, or you may call the number below.

**CCC Plus:** 1-800-424-4524 (TTY 711)

**Medallion 4.0:** 1-800-424-4518 (TTY 711)

[www.MCCofVA.com](http://www.MCCofVA.com)