

Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Medicare Part B Medicare Part D
 This request is: Expedited request Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Zubsolv[®] (buprenorphine and naloxone)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

New request Continuation request

Drug product: Zubsolv 1.4-0.36 mg tablet **Start date** (or date of next dose): _____
 Zubsolv 2.9-0.71 mg tablet **Date of last dose** (if applicable): _____
 Zubsolv 5.7-1.4 mg tablet **Dosing frequency:** _____
 Zubsolv 8.6-2.1 mg tablet
 Zubsolv 11.4-2.9 mg tablet

Precertification Requirements

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Diagnosis of opioid dependence used for maintenance treatment (limited to use under Drug Addiction Treatment Act)
2. Diagnosis of opioid dependence used for induction therapy in a patient dependent on heroin or other short-acting opioids

Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- maintenance treatment for opioid dependence
- induction treatment for opioid dependence

Is the patient dependent on heroin or short-acting opioids? Yes No (*For patients dependent on methadone or long-acting opioids, buprenorphine monotherapy is recommended for induction*)

Other – the patient’s condition is: _____

Priority Medicare physician statements

Are you requesting an exception to the Medicare Part D prior authorization criteria? Yes No

If yes, please provide a response to the following questions.

Would Zubsolv likely be the most effective option for this patient?

Yes No

If yes, please explain why: _____

If the patient is currently using Zubsolv, would changing the patient’s current regimen likely result in adverse effects for the patient?

Yes No

If yes, please explain: _____

