Mass Laborers' Member Assistance Program | e4health
Phone: 800-522-6763 | Fax: 214-853-4140

Buprenorphine-Naloxone Prior Authorization Form

Patient must contact the MAP Program at 1-800-522-6763 before authorization can be provided
Physician's office must complete form in its entirety and provide accompanying documentation
Please fax this form to the Mass Laborers' Member Assistance Program at 214-853-4140

Patient Information:

Patient Name:	Member ID#
Patient Address:	
Date of Birth:	Telephone number:

Physician Information:

Prescribing Physician Name:	Physician Phone Number:
Physician Address:	
Office Contact Name:	Physician DEA Waiver#

Check One: ☐ Initial Authorization ☐ Reauthorization

(Authorization limited to 30 days at a time, with a maximum 16mg per day)

Provider certifies that treatment plan includes:

	Check all that apply:
1. Random urine drug screens (please only refer members to urinalysis labs in the BCBS PPO network)	
a. Patient had a positive urine screen for opiates	
2. Pill/film counts or other additional methods used to detect diversion/misuse	
3. Provider has submitted a taper schedule or taper trial	
a. If no, rationale must be submitted	
4. Client participates in sessions with a licensed counselor specialized in alcohol and drug use disorders	
a. Please see page 2 for required counseling schedule	

Buprenorphine-Naltrexone Prior Authorization Form

***Patient must comply with the following schedule of counseling sessions:**

Authorizations 1-3:

Patient must have documented weekly visits with a licensed counselor specialized in alcohol and drug use disorders.

Authorizations 4-9:

Patient must have documented bi-weekly visits with a licensed counselor specialized in alcohol and drug use disorders, as well as participation with Peer Recovery Support and/or Narcotics Anonymous. This requirement will remain for patients that have been unable to taper to an 8mg dose/day.**

Authorizations 10+ for patients that are being prescribed ≤ 8mg/day:

Patient must have documented monthly visits with a licensed counselor specialized in alcohol and drug use disorders, as well as ongoing participation with Peer Recovery Support and/or Narcotics Anonymous.**

Please provide any additional information that should be considered in the space below:

Physician Signature **Date**