

Buprenorphine-Naloxone Prior Authorization Form

Patient must contact MAP (E4) 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

Product: Film Tablet Patch Injection (not covered)

Unit Dose: _____ Total Daily Dose: _____

Authorization limited to 30 days at a time, with a maximum dose of 24mg per day*

*If the member is prescribed 24 mg per day, please submit documentation confirming a dose of 16mg per day was attempted but did not control cravings

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 titration schedule or titration trial (space on page 2)	
a. If no, detailed rationale must be submitted (space on page 2)	
4. Client participates in sessions with a licensed counselor specialized in alcohol and drug use disorders (Please see page 2 for required counseling schedule)	

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***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. This requirement will remain for patients that remain on a dose greater than 8mg/2mg per day.

Authorizations 10+ for patients that are being prescribed \leq 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.

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

Physician Signature

Date