

Member's Last Name:

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Member's First Name:

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CLINICAL CRITERIA

1. What is the member's primary diagnosis?

2. What is the XDEA number?

3. Indicate the request type

New Start Renewal Date therapy was started _____

4. Does the member have a comprehensive treatment plan on file with the member?

Yes No

5. Is the member actively involved in substance abuse counseling or was the member provided a referral?

Yes No

If **No**, provide reason member is not attending counseling:

6. Has the prescriber checked the state opioid database to ensure the member is not prescribed concurrent opioid medications?

Yes No

If **No**, provide details:

7. Does the member have a Probuphine® (buprenorphine) implant?

Yes No

For Female Members Only:

1. Does the member have a negative pregnancy test within 30 days of this request?

Yes No

If **No**, provide details:

For Single Ingredient Buprenorphine Only:

1. Is the member using single-ingredient buprenorphine during pregnancy?

Yes No

2. Is this request for a 2-day induction to Suboxone® therapy?

Yes No

3. Does the member have an allergy to naloxone?

Yes No

If **No**, provide details:

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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CLINICAL CRITERIA (CONTINUED)

For Renewals (Must also complete the sections above.):

1. Has the member been compliant with no gaps in therapy since initial authorization?

Yes No

If **No**, provide details:

2. Has the member continued attending substance abuse counseling?

Yes No

If **No**, provide details:

3. Has the member had regular urine drug screens performed with one within 60 days prior to this request which is positive for buprenorphine and negative for opioids?

Yes No

If **No**, provide details:

4. What date was the last urine drug screen performed?

Prescriber Signature (Required)

Date

(By signature, the Physician confirms the above information is accurate and verifiable by patient records.)

Fax this form to: 1-800-424-3260

Mail requests to:

Magellan Rx Management Prior Authorization Program
c/o Magellan Health, Inc.
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Phone: 1-800-424-3312