

OPIOID USE DISORDER TREATMENTS PRIOR AUTHORIZATION FORM

(form effective 7/10/23)



Keystone First
Community HealthChoices

PERFORMRxSM
Next Generation Pharmacy Benefits

Fax to PerformRxSM at **1-855-851-4058**, or to speak to a representative, call **1-866-907-7088**.

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request	Total # of pages:	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:	NPI:	State license #:	
Facility contact name/phone:		Street address:	
Beneficiary name:		City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:	Strength:	Dosage form:
Directions:	Quantity:	Requested duration:
Diagnosis (<i>submit documentation</i>):		Dx code (<i>required</i>):
<ul style="list-style-type: none">• Pennsylvania law requires prescribers to query the PA PDMP each time a patient is prescribed an opioid drug product or benzodiazepine.• Naloxone is available at Pennsylvania pharmacies via standing order from the Secretary of the Department of Health. Pennsylvania Medical Assistance beneficiaries may obtain naloxone <u>free-of-charge</u> through their prescription drug benefit.		

Complete all sections that apply to the beneficiary and this request.
Check all that apply and submit documentation for each item.

<ol style="list-style-type: none">For a NON-PREFERRED SUBLINGUAL buprenorphine product (e.g., film, tablet):<ul style="list-style-type: none"><input type="checkbox"/> Tried and failed or has a contraindication or an intolerance to the preferred SUBLINGUAL buprenorphine Opioid Use Disorder Treatments (Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.) List preferred medications tried: _____For a non-preferred NON-SUBLINGUAL buprenorphine product (e.g., injection):<ul style="list-style-type: none"><input type="checkbox"/> Tried and failed or has a contraindication or an intolerance to the preferred NON-SUBLINGUAL buprenorphine Opioid Use Disorder Treatments (Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.) List preferred medications tried: _____For Lucemyra (lofexidine):<ul style="list-style-type: none"><input type="checkbox"/> Tried and failed or has a contraindication or an intolerance to clonidine tabletFor a SUBLINGUAL buprenorphine product ABOVE THE DAILY DOSE LIMIT OF 24 MG of buprenorphine per day:<ul style="list-style-type: none"><input type="checkbox"/> Is prescribed a daily dose consistent with medically accepted prescribing practices and standards of care<input type="checkbox"/> Had an unsatisfactory clinical response (e.g., uncontrolled withdrawal or cravings) at the current quantity limit of 24 mg per day<input type="checkbox"/> If already established on buprenorphine, has results of a recent UDS demonstrating compliance with sublingual buprenorphine therapy

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION

Prescriber signature:	Date:
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