



TEXAS MEDICAID
Clinical Edit Prior Authorization
buprenorphine/naloxone
(BUNAVAIL, SUBOXONE, ZUBSOLV)

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

| | |
|----------------------------|-------------------------------|
| Date: | Prescriber First & Last Name: |
| Patient First & Last Name: | Prescriber NPI: |
| Patient Address: | Prescriber Address: |
| Patient ID: | Prescriber Phone: |
| Patient Date of Birth: | Prescriber Fax: |

STEP 2: MEDICATION INFORMATION

| | |
|------------------------------|----------------------|
| Medication Requested (Name): | Quantity Requested: |
| Dose Requested: | Dosing Instructions: |

STEP 3: COMPLETE REQUIRED CRITERIA

Indicate Primary Diagnosis: _____ ICD 10 Code: _____

1. Does the client have a diagnosis of opioid abuse/dependence in the last 730 days?
 Yes (Go to # 2) No (Deny)

2. Is the client greater than or equal to (\geq) 16 years of age?
 Yes (Go to #3) No (Deny)

3. Does the client have a paid claim for buprenorphine/naloxone (BUNAVAIL, SUBOXONE, ZUBSOLV) in the last 30 days?
 Yes (Go to #4) No (Approve - 90 days)



4. Does the client have a paid claim for an opioid analgesic medication in the last 30 days?

Examples of opioid analgesics include acetaminophen/codeine (TYLENOL WITH CODEINE), buprenorphine (BELBUCA, BUTRANS), butorphanol, codeine, DSUVIA, EMBEDA, fentanyl (ACTIQ, DURAGESIC, FENTORA, LAZANDA), hydrocodone/acetaminophen (HYCET, LORCET, LORTAB, NORCO, VICODIN), HYSINGLA ER, hydromorphone (DILAUDID, EXALGO), levorphanol, meperidine (DEMEROL), methadone (DOLOPHINE, METHADOSE), morphine (AVINZA, KADIAN, MS CONTIN), nalbuphine, NUCYNTA, oxycodone (OXYCONTIN, ROXICODONE, XTAMPZA), oxycodone/acetaminophen (ENDOCET, PERCOCET), oxymorphone (OPANA), pentazocine/naloxone, tramadol/acetaminophen (ULTRACET), and tramadol (ULTRAM).

Yes (Deny)

No (Approve - 90 days)

STEP 4: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553

Prescriber Signature: _____ **Date:** _____

If criteria not met, submit chart documentation with form citing complex medical circumstances.
For questions, please call Navitus Customer Care at 1-877-908-6023.