



Fax completed form to Navitus at: 855-668-8553
For questions, please call: 877-908-6023

TEXAS MEDICAID

Drug Prior Authorization buprenorphine/naloxone (BUNAVAIL, SUBOXONE, ZUBSOLV)

Request Information (required)

This request is:

- Expedited* (Urgent)
- Standard (Non-Urgent)

*Expedited means the standard review time may seriously harm the member's life, health, or ability to regain maximum function.

Member Information (required)

Prescriber Information (required)

Member Name:			Prescriber Name:		
Member Insurance ID #:			NPI # :		Specialty:
Date of Birth:			Office Phone:		
Member Phone:			Office Fax:		
Member Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:

Please fill out the following information:

- Medication Requested (Name):
(Go to #2)

2. Quantity Requested:
(Go to #3)

3. Dose Requested (Strength):
(Go to #4)

4. Dosing Instructions:
(Go to #5)

Required Criteria

5. Provide primary diagnosis including ICD-10 code(s):
(Go to #6)

Clinical Criteria (required)

6. Does the member have a diagnosis of opioid abuse/dependence in the last 730 days?

Yes

(Go to #7)

No (Deny)

(Go to #7)

7. Is the member greater than or equal to (\geq) 16 years of age?

Yes

(Go to #8)

No (Deny)

(Go to #8)

8. Does the member have a paid claim for buprenorphine/naloxone (BUNAVAIL, SUBOXONE, ZUBSOLV) in the last 30 days?

Yes

(Go to #9)

No (Approve - 90 Days)

(Go to #9)

9. Does the member 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), 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), pentazocine/naloxone, tramadol/acetaminophen (ULTRACET), and tramadol (ULTRAM).

Yes (Deny)

(Go to #10)

No (Approve - 90 days)

(Go to #10)

Additional Information

10. Please provide any additional information we should consider (or attach any supporting documents):
(END)

Submission Information (required)

Prescriber Signature: _____ **Date:** _____

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If criteria not met, submit chart documentation with form citing complex medical circumstances.
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