



TEXAS MEDICAID Clinical Edit Prior Authorization buprenorphine

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: 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. Does the client have a pregnancy or pregnancy-related diagnosis in the last 310 days?

Yes (Go to #4)

No (Go to #3)

3. Is the client intolerant of naloxone? [Manual Step]

Yes (Go to #4)

No (Deny)

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

Yes (Go to #5)

No (Deny)

5. Does the client have a paid claim for buprenorphine in the last 30 days?

Yes (Go to #6)

No (Approve – 90 days)



6. 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 3: 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.