

Non-preferred Buprenorphine/Naloxone Prior Authorization Request Form

(Applicable to Commercial, Marketplace, TPA and CHIP (GHP Kids) plans only.)

IF REQUEST IS MEDICALLY URGENT, call 800-988-4861 or fax to 570-300-2122, Mon. – Fri. 8 a.m. – 5 p.m.

Medical documentation may be requested. This form will be returned if not completed in full.

Patient information				Prescriber information			
Patient name:				Prescriber name:			
Member ID#:				NPI# (if available):			
Address:				Address:			
City:		State:		City:		State:	
Home phone:		Zip:		Office phone #:		Office fax #:	
Sex (circle): M F		DOB:		Contact Person:			
Diagnosis and medical information							
Medication:			Strength and route of administration:			Frequency:	
<input type="checkbox"/> New prescription or date therapy initiated:			Expected length of therapy:			Qty:	
Height/weight:		Drug allergies:			Diagnosis:		
Prescriber's signature:						Date:	
Criteria for prior authorization FORM CANNOT BE PROCESSED UNLESS ALL BELOW ARE COMPLETE							
<ul style="list-style-type: none"> Medical reason preferred formulary buprenorphine products can't be used: _____ _____ 							
<ul style="list-style-type: none"> Date and results of most recent lab screen (must be within 28 days of PA request), Screen date: _____ Drugs present: <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Other opiates <input type="checkbox"/> Other controlled substances (list below) If buprenorphine not present and opiates or other controlled substances present how is this being addressed? _____ _____ 							
<ul style="list-style-type: none"> Patient has been adherent to buprenorphine or buprenorphine/naloxone therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" how is this being addressed: _____ _____ 							
<ul style="list-style-type: none"> Patient has been referred to and is actively involved in formal counseling with a licensed behavioral health provider <input type="checkbox"/> Yes <input type="checkbox"/> No Name of counselor and/or facility: _____ If "No" how is this being addressed: _____ _____ 							
Request for Expedited Review							
<input type="checkbox"/> REQUEST FOR EXPEDITED REVIEW [24 HOURS] → BY CHECKING THIS BOX AND SIGNING ABOVE, I CERTIFY THAT APPLYING FOR THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION							

Instructions for completing the form

1. Submit a separate form for each medication.
2. Complete **ALL** information on the form.
NOTE: The prescribing physician should, in most cases, complete the form.
3. Please be sure to provide the physician address in a legible format, as it is required for notification.
4. Once form is completed, mail or fax to:

Geisinger Health Plan
Attn: Pharmacy Department 32-45
100 N. Academy Avenue
Danville, PA 17822
Fax: 570-300-2122

Non-preferred Buprenorphine/Naloxone Prior Authorization Clinical Management Procedures*

The Health Plan's¹ Pharmacy Department maintains a process by which Health Care Providers can request precertification for a non-preferred buprenorphine/naloxone product

Buprenorphine/naloxone requests will be evaluated, and a determination of coverage made utilizing the following criteria:

1. Member's eligibility to receive requested services (enrollment in the plan, prescription drug coverage, specific exclusions in Member's contract)
2. Specific criteria listed on the form

Please note that initial authorization will be for 3 months and subsequent authorizations will be for 12 months.

A quantity limit of a 34-day supply per fill will apply.

* Please refer to the Health Plan's Provider Guide and formularies for further information.

Please note that the prior authorization process is an independent process and is not in conjunction with the Specialty Pharmacy Drug Program.

¹ Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.