Zubsolv Prior Authorization Request Form

FAX to: 'Ohana Pharmacy 1-888-877-8239

Member ID#		**Date Submitted**			
Name		**DEA# (including X)**			
Phone		**NPI #**			
DOB		**Prescriber Name**			
Duration of Therapy**		**Phone**		**Fax**	
Specialty		**Alternate Phone**		**Contact**	

Form must be completed, signed and submitted by a physician with a Drug Addiction Treatment Act (DATA) waiver (UIN #)

Drug Requested (include strength & dosage form)*:_____

*Doses above 17.1mg buprenorphine/ 4.2mg naloxone per day will NOT be approved.

**Approval duration of therapy is 3 months (doses less than or equal to 11.4 mg/2.8 mg per day) or 1 month (doses above 11.4 mg/2.8 mg per day)

Quantity: _____ Sig: _____ Start date of this PA: _____

1. **Primary Diagnosis:** _____
2. **Psychosocial Counseling:** _____
   a. Date of last psychosocial counseling session: _____
   b. Has patient been compliant with all sessions? [ ] Yes [ ] No
3. Please provide plan for method and dates (next 3) of psychosocial counseling going forward:
   a. Method: _____
   b. Dates: (1) _____ (2) _____ (3) _____
4. ☐**New Start** ☐**Reauthorization (established patient)**
   If new start, a taper schedule showing dose reduction and timeframe for tapering is required.
   If established patient, must submit most current urine drug screen with this request.
5. Does patient currently abuse alcohol? [ ] Yes [ ] No
6. Has patient taken opioids in the past 30 days? [ ] Yes [ ] No
   a. If yes, please state reason for opioid use: _____
   b. If yes, has patient experienced a relapse in disease? [ ] Yes [ ] No
7. **Taper trial (documentation of attempts to taper including schedule, dose duration and outcome) is required for reauthorization** after 3 months continual therapy for doses less than or equal to 11.4 mg/2.8 mg per day OR 1 month continual therapy for doses above 11.4 mg/2.8 mg per day.

_____

8. Date KASPER last queried for this patient: ____/____/_____

Physician Signature _____ **Date** _____

****** I certify that I have a ***Drug Addiction Treatment Act (DATA) waiver.***