

Sublocade/Brixadi Pharmacy Prior Authorization Form

CareOregon OHP Members



Last revised: February 2024

Sublocade and Brixadi do not require prior authorization if being requested under "Buy and Bill". Prior authorization is still required for requests under the pharmacy benefit. Please only use this form if you are sending a prior authorization request for Sublocade or Brixadi for the pharmacy benefit AND you have prior administrative approval for pharmacy benefit exception.

Member Information	
Last name: _____ First name: _____ MI: _____	
DOB: _____ Gender: _____ Member ID#: _____	
Provider Information/Prescriber Signature	
Provider name: _____	
Clinic: _____	
Provider phone number: _____ Provider fax#: _____	
Signature of prescribing provider: _____	
Person Completing the Form	
Date: _____ Name: _____	
Phone: _____ Fax: _____	
Sublocade/Brixadi Supply	
<p>"Buy and Bill" from provider purchased stock does not require a PA. Please do not submit a form if billing under "buy and bill".</p> <ul style="list-style-type: none"><input type="checkbox"/> Pharmacy Dispense (EXCEPTION)<ul style="list-style-type: none"><input type="radio"/> Prior Administrative Approval Required (this form is not for requesting administrative approval for an exception)<ul style="list-style-type: none">▪ Yes, I have gotten approval-> Fax to 503-416-8109▪ No. If your request is submitted, it will be processed as a buy and bill.	
Diagnosis	
Primary ICD-10 Code: _____	Secondary ICD-10 Code: _____

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Which of the following best describes the clinical situation of the member (at least one/check all that apply)? *Note: these requests are not being clinically scrutinized regardless of the clinical situation provided below*

Initial Request (6-month authorization)	Renewal Request (12-month authorization)
<ul style="list-style-type: none"> <input type="checkbox"/> Overdose or hospitalization history with recent instability/recurrence of use. <input type="checkbox"/> Multiple oral buprenorphine failures recently resulting in disengagement. <input type="checkbox"/> Obvious functional limitation in being able to take a medication daily. <input type="checkbox"/> Temporary use to bridge in or out of a corrections facility. <input type="checkbox"/> Tapering off medication for opioid use disorder entirely: <input type="checkbox"/> Ongoing cravings despite 32 mg oral buprenorphine <input type="checkbox"/> 1 recent recurrence of use, but previously stable <input type="checkbox"/> No recent recurrence of use, but historical recurrence of use <input type="checkbox"/> Patient preference or oral was inconvenient <input type="checkbox"/> Other (please describe): 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete abstinence from illicit opioid use <input type="checkbox"/> Significant reduction in recurrence of use since starting therapy <input type="checkbox"/> Patient reported improvement/stability <input type="checkbox"/> Patient choice <input type="checkbox"/> Other (please describe):