

- Patient has been adherent to buprenorphine or buprenorphine/naloxone therapy: Yes No

If "No" how is this being addressed?

- If patient has been on therapy > 1 year and total daily buprenorphine dose is > 8 mg/day (or 11.4 mg/day if using Zubslov) please provide rationale for dose:

- Patient has been referred to and is actively involved in formal counseling with a licensed behavioral health provider
 Yes No Name of counselor and/or facility:

If "No" rationale for non-participation:

For Health Plan internal use only:

Date received _____ Date reviewed _____ Request approved: Y / N / NA

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: 570-271-5610