GHP Family Pharmacy Customer Service
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GeisingerHealthPlan.com

Geisinger
GHP Family

SUBLOCADE (buprenorphine extended-release injection) PRIOR AUTHORIZATION FORM

Prior authorization guidelines for Opioid Dependence Treatments and Quantity Limits/Daily Dose Limits are accessible on Geisinger Health Plan's website at https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger

PRIOR AUTHORIZATION INFORMATION		PRESCRIBER INFORMATION	
☐ New request ☐ Renewal request	total # pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		DATA 2000 waiver DEA number:	
Facility contact/phone:		NPI:	State license #:
BENEFICIARY INFORMATION		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Medication requested:	☐ Sublocade 100 mg/0.5 ml injection	Quantity: _____ syringe(s)	Refills: _____
	☐ Sublocade 300 mg/1.5 ml injection	Quantity: _____ syringe(s)	Refills: _____
Directions:			

Diagnosis (*submit documentation*):	Dx code (*required*):
1. Is the beneficiary being treated for a diagnosis of opioid use disorder?	☐ Yes – *Submit documentation of diagnosis.* ☐ No – *Submit medical literature supporting the use of the requested agent for the beneficiary's diagnosis.*
2. Did the prescriber or prescriber's delegate search the PDMP to review the beneficiary's controlled substance prescription history before issuing this prescription for Sublocade?	☐ Yes ☐ No *Submit documentation.*
INITIAL requests	
1. Did the beneficiary initiate treatment with transmucosal buprenorphine at a dose equivalent to 8 mg to 24 mg of buprenorphine daily?	☐ Yes ☐ No *Submit documentation.*
2. Has the beneficiary been using a transmucosal buprenorphine product for at least seven (7) days since completing any induction phase?	☐ Yes ☐ No *Submit documentation.*

Please submit to PromptPA https://ghp.promptpa.com3d OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date: