Laborers' Support Network | HMC HealthWorks
Massachusetts Laborers' Benefit Funds
Phone: 800-522-6763 | Fax: 781-328-1200

Buprenorphine-Naloxone Prior Authorization Form

Physician's office must complete this form in its entirety and provide accompanying documentation. Please fax form to 781-328-1200.

Patient Information:

Patient Name:	**Member ID#**
Patient Address:	
Date of Birth:	**Telephone number:**

Physician Information:

Prescribing Physician Name:	**Physician Phone Number:**
Physician Address:	
Office Contact Name:	**Physician DEA Waiver#**

Check One: ☐ Initial Authorization ☐ Reauthorization

Product: ☐ Film ☐ Tablet ☐ Patch ☐ Injection (not covered)

Unit Dose: _____ **Total Daily Dose:** _____

Authorization limited to 30 days at a time, with a maximum dose of 24mg per day*
If the member is prescribed 24mg per day, please submit documentation confirming a dose of 16mg per day was attempted but did not control cravings.

Provider certifies that treatment plan includes:

	Check all that apply:
1. Random urine drug screens (please only refer members to urinalysis labs in the Cigna OAP network)	
a. Patient had a positive urine screen for opiates	
2. Pill/film counts or other additional methods used to detect diversion/misuse	
3. Provider has submitted a titration schedule or titration trial (space on page 2)	
a. If no, detailed rationale must be submitted (space on page 2)	
4. Client participates in sessions with a licensed counselor specialized in alcohol and drug use disorders (Please see page 2 for required counseling schedule)	

Buprenorphine-Naltrexone Prior Authorization Form

***Patient must comply with the following schedule of counseling sessions:**

Authorizations 1-3:

Patient must have documented weekly visits with a licensed counselor specialized in alcohol and drug use disorders.

Authorizations 4-9:

Patient must have documented bi-weekly visits with a licensed counselor specialized in alcohol and drug use disorders, as well as participation with Peer Recovery Support. This requirement will remain for patients that have been unable to titrate to an 8mg/2mg dose/day.

Authorizations 10+ for patients that are being prescribed ≤ 8mg/day:

Patient must have documented monthly visits with a licensed counselor specialized in alcohol and drug use disorders, as well as ongoing participation with Peer Recovery Support.

Please provide any additional information that should be considered in the space below:

Physician Signature **Date**