

**OHIO DEPARTMENT OF MEDICAID**  
**Prior Authorization SUBLOCADE** (*buprenorphine extended-release injection*)  
Please refer to OAC § 4731-33 and 4730-4 and 4723-9-13 for reference

**\*\*Form must be completed and submitted by a physician with a Drug Addiction Treatment Act (DATA) 2000 waiver ID\*\***

**\*\*Please ensure supporting documentation is provided\*\***

Request Date	Patient Medicaid ID Number	Prescriber's Name		
Name		NPI Number	X-DEA Number	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Prescriber Phone Number	Prescribers Fax Number	
(If known) Pharmacy Name			Pharmacy Phone Number	
Regimen Requested				
Frequency	Duration of Therapy	Quantity	<input type="checkbox"/> New <input type="checkbox"/> Renewal	

**FOR NEW PRESCRIPTIONS**

Has physician reviewed the OARRS report within 7 days prior to the prior authorization request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient ≥18 years and currently established on a dose of at least 8 mg of oral buprenorphine for at least 7 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If patient has received opioids, benzodiazepines, sedative/hypnotics, carisoprodol, or tramadol, has the physician consulted with all prescribers of controlled substances and determined that treatment should continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the Addiction Specialist recommended to continue substance abuse treatment? Addiction Specialist consulted Phone Number _____ Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis _____ ICD-10 Code _____	
Is the patient actively participating in counseling and compliant with all sessions? Date of last counseling _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a medical justification that supports the inability to continue to use an oral formulation? Rationale _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a urine drug screen result been obtained within the last 7 days with no illicit substances or non-prescribed therapies detected?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Fax To: Ohio Department of Medicaid**  
**Fax: (800) 396 – 4111 PA Helpdesk: (877) 518 – 1546**  
**Hours: Monday – Friday 8:00 am – 8:00 pm EST**

