Field Name	Field Description
Prior Authorization Group Description	**Opioid Dependence Agents**
Drugs	**FORMULARY STATUS** Formulary, Pays at Point of Sale buprenorphine HCL/naloxone HCL sublingual tablets buprenorphine HCL/naloxone HCL (Suboxone) sublingual film Vivitrol (naltrexone microspheres) vial and injectable suspension **FORMULARY STATUS** Non-Formulary, Requires Prior-Authorization buprenorphine HCL sublingual tablets Probuphine (buprenorphine HCL) implant Sublocade (buprenorphine) syringe **FORMULARY STATUS** Non-Formulary, Requires Prior Authorization Bunavail (buprenorphine HCL/naloxone HCL) buccal film Zubsolv (buprenorphine HCL/naloxone HCL) sublingual tablet Any other newly marketed agent in this class
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	See “other criteria”
Required Medical Information	See “other criteria”
Age Restrictions	16 years of age and older
Prescriber Restrictions	N/A
Coverage Duration	If the criteria are met, the request will be approved with up to a 12 month duration; if the criteria are not met, the request will be referred to a clinical reviewer for medical necessity review.
Other Criteria	**Buprenorphine HCL** sublingual tablet 1. Member is currently pregnant and will be transitioned to a buprenorphine/naloxone combination product following delivery; **OR** 2. Member has a documented medical reason for not using a buprenorphine/naloxone combination product (e.g. allergy, intolerance, hypersensitivity, or contraindication to naloxone) **Sublocade** (buprenorphine extended-release) subcutaneous injection 1. Member has been diagnosed with moderate to severe opioid use disorder; **AND**

Revision/Review Date: 2/2020	2. Member will not be concomitantly using opioid containing medications; **AND** 3. Member has initiated treatment with an oral or transmucosal buprenorphine containing product at a daily dose of 8-24 mg buprenorphine for at least 7 days prior to initiating treatment; **AND** 4. Member will not be receiving supplemental oral, sublingual, or transmucosal buprenorphine; **AND** 5. Dosing is consistent with FDA labeling. **Probuphine** (buprenorphine HCL) subdermal implant 1. Member has achieved and sustained prolonged clinical stability on transmucosal buprenorphine; **AND** 2. Member is currently maintained on a dose of 8 mg per day or less of oral, sublingual, or transmucosal buprenorphine; **AND** 3. Member has been stable on the same oral, sublingual, or transmucosal buprenorphine dose for six months or longer without any need for supplemental dosing or dose adjustments; **AND** 4. Prescriber and/or healthcare provider performing insertion has successfully completed a live training program specific to Probuphine insertion, as required by the products manufacturer**; AND** **Requests for All Other Non-Formulary Drugs** 1. Member has had a documented trial and failure of buprenorphine HCL/naloxone HCL sublingual tablets; **OR** 2. Member has a documented medical reason (allergy, intolerance, hypersensitivity, contraindication) for not using buprenorphine HCL/naloxone HCL sublingual tablets **Medical Director/clinical reviewer must override criteria when, in his/her professional judgment, the requested item is medically necessary.**