

## **Buprenorphine Prior Authorization Criteria**

**Effective Date: July 1, 2016**

### **CRITERIA FOR COVERAGE:**

- Member has a diagnosis of opioid dependence, and
- The Prescriber is certified through SAMHSA (Substance Abuse and Mental Health Services Administration) and provides the registration number, and
- The prescription is part of an overall treatment program, and
- The member is not receiving any other opioids since beginning therapy as verified by the Arizona State Board of Pharmacy Controlled Substance Prescription Monitoring Program, and
- The member is pregnant, or intolerant to buprenorphine/haloxone agents.

### **COVERAGE LIMITATION:**

Opioid dependence products are subject to quantity limitations determined by the maximum bioequivalent amount of buprenorphine allowed per day:

- Buprenorphine 2mg – 12 tablets per day
- Buprenorphine 8mg – 3 tablets per day

### **REAUTHORIZATION CRITERIA AND DURATION:**

Authorization for continued use shall require coverage criteria to be met and confirm that the prescriber is evaluating random urine drug screens and assessment of the patient's progress (e.g., relapse, progress/accomplishment of treatment goals).