

Clinical Pharmacy Program Guidelines for SUBOXONE®/SUBUTEX®

Program	Prior Authorization
Medication	SUBOXONE/SUBUTEX

1. Background:

Drugs Requiring Prior Authorization

BUNAVAIL® 2.1-0.3MG FILM	BUPRENORPHINE HCL 2MG TABLET SL
BUNAVAIL 4.2-0.7MG FILM	BUPRENORPHINE HCL 8MG TABLET SL
BUNAVAIL 6.3-1MG FILM	
SUBOXONE 2MG-0.5MG FILM	
SUBOXONE 4MG-1MG FILM	
SUBOXONE 8MG-2MG FILM	
SUBOXONE 12MG-3MG FILM	
SUBOXONE 2MG-0.5MG TABLET SL	
SUBOXONE 8MG-2MG TABLET SL	
ZUBSOLV® 1.4-0.36MG TABLET SL	
ZUBSOLV 5.7-1.4MG TABLET SL	
ZUBSOLV 8.6-2.1MG TABLE SL	

2. Coverage Criteria:

A. Authorization Criteria

- The patient is at least 16 years of age.

Authorization will be issued for 90 days.

Program	Program type – Prior Authorization
Change Control	
Date	Change
August 1, 2016	New program
December 15, 2016	Changing the duration from 30 to 90 days