STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

Suboxone® Film (buprenorphine/naloxone) and buprenorphine tablets

Prior Authorization Request Form

Prior authorization requests for Suboxone® film or buprenorphine tablets will be approved if the following criteria are met:

1) Prior authorization requests must be made in writing by an approved prescriber on the designated PA form by fax or electronic submission; **AND**
2) Prescribed by a licensed physician who qualifies for a waiver under the Drug Addiction Treatment Act (DATA) and has notified the Center for Substance Abuse Treatment of the intention to treat addiction patients and has been assigned a DEA(X) number; **AND**
3) Prescribed by a WV Medicaid enrolled provider (enrolled directly, enrolled with WV Medicaid HMO, employed by a facility that is enrolled with WV Medicaid) who certifies he/she is treating the patient and billing WV Medicaid for this service; **AND**
4) Confirmed diagnosis of opiate abuse/dependence, diagnosis code is required; **AND**
5) The patient is sixteen (16) years of age or older. Exceptions can be handled on appeal to the Medical Director; **AND**
6) Buprenorphine tablets may only be approved for use during pregnancy or in the case of a well-documented and clinically verified life-threatening allergy to naloxone* ; **AND**
7) Member will be locked into one pharmacy for prescriptions for all scheduled drugs; **AND**
8) Members will remain locked into one pharmacy until their annual review date, even therapy is discontinued; **AND**
9) Maximum initial dose is 24mg per day for a maximum of a sixty (60) day period; initial dosing is limited to once per lifetime; **AND**
10) Maximum maintenance dose is 16mg per day (tablet splitting for lower doses is required, when appropriate); **AND**
11) Early refills are not permitted, including replacement of lost or stolen medication; **AND**

12) PA is limited to a six (6) month period to be dispensed in corresponding quantities for the time periods specified by the prescriber, with a maximum time period of thirty (30) days and sixty (60) units; **AND**
13) Combination with benzodiazepines, hypnotics, and opioids (tramadol) will be denied; **AND**
14) Patient must be warned about the dangers of ingesting concurrent sedating medications; **AND**
15) Attestation from prescriber that the Board of Pharmacy Prescription Drug Monitoring Program database has been reviewed and that patient has been warned about the dangers of ingesting concurrent sedating medications.

Naloxone allergy documentation MUST include a detailed description of symptoms. (Life threatening allergic reactions are generally considered to be anaphylactic in nature, Stevens-Johnson syndrome or DRESS).

Created 9/02/2016 (BMT)
v2016.3b
Approved by DUR Board on 5/25/2016