

DIVISION OF HEALTH CARE FINANCING AND POLICY

NEVADA MEDICAID

DRUG USE REVIEW (DUR) BOARD

PROPOSED PRIOR AUTHORIZATION CRITERIA

Generic Name: Buprenorphine

Brand Name: Subutex®

Medication Class: Partial Opioid Agonist

1. Coverage and Limitations

Criteria for Approval:

- Diagnosis of Opioid dependence;
- Patient is 16 years of age or older;
- Patient must be pregnant OR Patient is allergic to naloxone OR medication is requested for induction therapy;
- Medication must be prescribed by a physician with a DATA (Drug Addiction Treatment Act of 2000) waiver:
 - Authorizes a physician to treat narcotic-dependent patients using Schedule III-V substances without obtaining a separate DEA registration as a narcotic treatment program.
 - A UIN (Unique Identification Number), in addition to the DEA number, is required on the prescription, and is the same as the DEA number except an "X" replaces the first alpha character of the DEA number.
- Formal substance abuse counseling/treatment must be in place OR, if the prescriber is a psychiatrist or certified addiction specialist, s/he may confirm that s/he personally renders counseling.
 - Document the name of the specific substance abuse program OR the name of the psychiatrist or certified addiction specialist that will provide counseling services.
 - Confirm that the patient has honored all of their scheduled office visits and counseling sessions in a compliant manner.
- Patient must not have failed two or more substantial courses of therapy (3-5 months of therapy) in the past.
- Patient shows no evidence of dependence on cocaine, alcohol, or opiates.

QTY LIMITS= Subutex® 8mg sublingual tablet: 2 tablets per day
 Subutex® 2mg sublingual tablet: 3 tablets per day