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**DIVISION OF HEALTH CARE FINANCING AND POLICY**  
**NEVADA MEDICAID**  
**DRUG USE REVIEW (DUR) BOARD**  
**PROPOSED PRIOR AUTHORIZATION CRITERIA**

Suboxone<sup>®</sup> (buprenorphine/naloxone) and Subutex<sup>®</sup> (buprenorphine) are a covered benefit of Nevada Medicaid for recipients who meet the following criteria for coverage.

1. Coverage and Limitations:

Authorization will be given if the following criteria are met and documented:

Requests for Suboxone<sup>®</sup> (buprenorphine/naloxone)

1. Must have ALL of the following:

- a. The recipient has a diagnosis of opioid dependence.

**AND**

The recipient is 16 years of age or older.

**AND**

The medication is being prescribed by a physician with a Drug Addiction Treatment Act (DATA) of 2000 waiver who has a unique "X" DEA number.

**AND**

There is documentation (name of specific substance abuse program) that formal substance abuse counseling/treatment is in place or, if the prescriber is a psychiatrist or certified addiction specialist, they may confirm that they personally render the counseling.

**AND**

There is documentation that the patient has honored all of their office visits and counseling sessions in a compliant manner.

Requests for Subutex<sup>®</sup> (buprenorphine)

2. Must have ALL of the following:

- b. The recipient has a diagnosis of opioid dependence.

**AND**

The recipient is 16 years of age or older.

**AND**

The medication is being prescribed by a physician with a Drug Addiction Treatment Act (DATA) of 2000 waiver who has a unique "X" DEA number.

**AND**

There is documentation (name of specific substance abuse program) that formal substance abuse counseling/treatment is in place or, if the prescriber is a psychiatrist or certified addiction specialist, they may confirm that they personally render the counseling.

**AND**

There is documentation that the patient has honored all of their office visits and counseling sessions in a compliant manner.

**AND**

There is documentation that the recipient is pregnant.

**OR**

There is documentation the recipient is breastfeeding an infant who is dependent on methadone or morphine.

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2. PA Guidelines:

Prior authorization approval will be for 1 year

3. Quantity Limitations:

Suboxone<sup>®</sup> 2 mg/0.5 mg sublingual tablet/film: 3 tablets/film per day

Suboxone<sup>®</sup> 4 mg/1 mg sublingual film: 1 film per day

Suboxone<sup>®</sup> 8 mg/2 mg sublingual tablet/film: 2 tablets/film per day

Suboxone<sup>®</sup> 12 mg/3 mg sublingual tablet/film: 1 film per day

Subutex<sup>®</sup> 8 mg sublingual tablet: 2 tablets per day

Subutex<sup>®</sup> 2 mg sublingual tablet: 3 tablets per day