Generic Name: Buprenorphine/ Naloxone Sublingual Film
Brand Name: Suboxone Film Tab, Zubsolv

PA required for Buprenorphine Film. PA is not required for Buprenorphine or Buprenorphine/ Naloxone Tablets.

Note: This medication is not indicated for the treatment of pain.

Initial Criteria
1. Does the member have a DSM-5 diagnosis of Opioid Use Disorder?
   - If yes, continue to #2
   - If no, do not approve

2. For Opioid Use Disorders, has the member failed an adequate trial of Buprenorphine or Buprenorphine/ Naloxone Tablets including attempts at a mitigating strategy (crushing tablets, taking with food, taking small amounts at a time) AND there has been consideration of Naltrexone tablets and/or Methadone?
   - If yes, continue to #4
   - If no, go to #3

3. Has the provider established a case for clear cost-avoidance with Buprenorphine/ Naloxone SL Film for the member from their Opioid Use Disorder AND a trial of or Buprenorphine/ Naltrexone Tablets or Buprenorphine has been determined not appropriate?
   - If yes, continue to #4
   - If no, do not approve

OR

Has the provider established a rationale for why alternate medications are medically contraindicated and provided information on medications tried, adverse outcomes for each, and the dose and duration for each medication?
   - If yes, continue to #4
   - If no, do not approve
4. Is there documentation that the member is engaged in a substance use disorder treatment program with psychosocial support?
   - If yes, continue to #5
   - If no, do not approve

5. Is there documentation that the member is not concurrently prescribed or taking Buprenorphine/ Naloxone, Buprenorphine, or other opiates from another provider?
   - If yes, approve for 6 months
   - If no, do not approve

Renewal Criteria
1. Has the member maintained abstinence from all substances with the use of Buprenorphine/ Naloxone SL Film based on negative blood or urine toxicology screens, OR maintained ongoing participation in a comprehensive substance use disorder program that includes psychosocial support?
   - If yes, approve for 6 months
   - If no, continue to #2

2. Is there evidence of significantly reduced utilization of acute care services (ED visits, inpatient, and/or detox services) and/or improved clinical outcomes?
   - If yes, approve for 6 months
   - If no, do not approve