



## Health Share Regional Behavioral Health Prior Authorization Criteria Suboxone Film Criteria

**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