

# DIVISION OF HEALTH CARE FINANCING AND POLICY

NEVADA MEDICAID

## DRUG USE REVIEW (DUR) BOARD

### PROPOSED PRIOR AUTHORIZATION CRITERIA

**Generic Name: Buprenorphine/Naloxone**

**Brand Name: Suboxone®**

**Medication Class: Partial Opioid Agonist**

#### 1. Coverage and Limitations

Criteria for Approval (must meet all):

- Diagnosis of Opioid Dependence;
- Patient is 16 years of age or older;
- Medication is 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. The program license number and/or the treating psychiatrist's or certified addiction specialist's license number may be requested and documented
  - 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 other opiates

QTY LIMIT =           Suboxone® 8mg/2mg sublingual tablet: 2 tablets per day  
                              Suboxone® 2mg/0.5mg sublingual tablet: 3 tablets per day