PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	**NARCOTIC PARTIAL AGONISTS**
BRAND NAME	**BUNAVAIL**
(generic)	**(buprenorphine/naloxone buccal film)**
	buprenorphine sublingual tablet
	buprenorphine/naloxone sublingual tablet
	SUBOXONE FILM (buprenorphine/naloxone sublingual film)
	ZUBSOLV (buprenorphine/naloxone sublingual tablets)

Status: Client Requested Criteria
Type: Initial Prior Authorization

POLICY

COVERAGE CRITERIA
The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a documented current diagnosis of opioid dependence
  AND
  - The patient is currently enrolled in ongoing outpatient drug addiction treatment program/counseling
    OR
  - The prescriber has provided verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program /counseling

REFERENCES
1. Assurant Health Prior Authorization Approval Policy.

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