

**New Start Criteria for buprenorphine/naloxone sublingual tablets**

1. Is the member being treated for a funded condition by the Oregon Health Plan?
  - a. If Yes, Move to question #2.
  - b. If No, Category 1 denial.
  
2. Is the member being treated for opioid dependence/abuse?
  - a. If Yes, Move to question #3.
  - b. If No, Category 3 denial.  
*Rational: buprenorphine/naloxone only has FDA indication for the maintenance of opioid dependence.*
  
3. Is the member over the age of 18 years old?
  - a. If Yes, Move the question #4.
  - b. If member is between the age of 16 and 18—Forward to Medical Director for evaluation of medical appropriateness (Category 5).
  - c. If member is under the age of 16 Category 3 denial.  
*Rational: buprenorphine/naloxone does not have FDA indication for the treatment of opioid dependence under the age of 16 years old.*
  
4. Is there a plan in place for the member to discontinue all illicit drug use?
  - a. If Yes, Move to question #5.
  - b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
  
5. Has the member signed a treatment agreement with the provider regarding the use of opioid medications, use of alcohol, medical/recreational marijuana, benzodiazepines and stimulants?
  - a. If Yes, Move the question #6.
  - b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
  
6. Is the prescriber authorized to prescribe buprenorphine/naloxone products? Certified through SAMHSA or has a Drug Addiction Treatment Act 2000 waiver number?
  - a. If Yes, Move to question #7.
  - b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
  
7. Is the requested product being prescribed in conjunction with psychosocial counseling as part of a comprehensive treatment program?
  - a. If Yes, Move to question #8.
  - b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
  
8. Is there a plan for random pill counts and urine drug screens throughout therapy (minimum of 8 are required over a 12 month period)?
  - a. If Yes, Move to question #9.
  - b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
  
9. Is the requested dose within approved FDA limits?
  - a. If Yes, Approved for 30 day trial.
  - b. If No, Category 3 denial.

*Rational: Medication will be approved on a monthly basis every month for the first three months or until member has 3 consecutive month of clean UDS results. Continued authorization will require documentation demonstrating adherence to treatment plan and continued drug free status.*

**Criteria for renewal or continuation of buprenorphine/naloxone sublingual tablets**

1. Has there been a drug screen in the last month demonstrating continued Drug-free status? The minimum drug screen that will be accepted by plan is a 5 screen UA panel.
  - a. If Yes, Move to question #3.
  - b. If No, Move to question #2.
  
2. Is there a plan in place to look at a step-wise approach to attain a drug free?
  - a. If Yes, Move to question #3.
  - b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
  
3. Has the provider reviewed the Oregon Prescription Monitoring Program?
  - a. If Yes, Move to question #3.
  - b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
  
4. Has the member been compliant with provider visits?
  - a. If Yes, Move to question #4.
  - b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.
  
5. Is the member adherent to current treatment plan?
  - a. If Yes, approve for up to 3 months of therapy.
  - b. If No, Forward to Medical Director for medical appropriateness (Category 5) evaluation.

*Rational: Medication will be approved on a monthly basis every month for the first three months or until member has 3 consecutive months of clean UDS results. Continued authorization will require documentation demonstrating adherence to treatment plan and continued drug free status.*

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted