

Buprenorphine PA criteria

1. Is the member being treated for a funded condition by the Oregon Health Plan?
 - a. Yes; move to question 2
 - b. No; Deny category 1: not a covered benefit.

2. Is the prescription for opioid use disorder (opioid dependence or addiction)?
 - a. Yes; move to question 3
 - b. No; Deny category 3: Not a covered benefit

3. Is the patient part of a comprehensive treatment program for substance abuse that includes psychosocial support system(s)?
 - a. Yes; move to question 4
 - b. No; Deny category 5: Not medically appropriate. Buprenorphine therapy must be part of a comprehensive treatment program that includes psychosocial support.

4. Is the prescriber enrolled in the Oregon Prescription Drug Monitoring Program (www.orpdmp.com) and has the prescriber reviewed the information at least once in the past 6 months?
 - a. Yes, move to question 5
 - b. No; Deny category 5: Not medically appropriate

5. Is the requested agent a preferred buprenorphine/naloxone product?
 - a. Yes; move to question 6
 - b. No; move to question 7

6. Is the average daily dose of prescribed buprenorphine/naloxone more than 24mg?
 - a. No; approve for requested length of therapy or up to 6 months.
 - b. Yes; deny category 5: Not medically appropriate.

7. Is the request for formulary buprenorphine SL tablets (i.e. without naloxone)?
 - a. Yes; move to question 8
 - b. No; move to question 11

8. Is the member pregnant or female actively trying to conceive?
 - a. Yes; Approve for requested length of therapy of up to 6 months
 - b. No; move to question 9

9. Is the medication indicated for short-term use for the purpose of induction therapy?
 - a. Yes; approve for no more than 10 days of therapy
 - b. No; move to question 10

10. Does the member have a contraindication or intolerance to buprenorphine/naloxone combination products that prevents successful management of opioid use disorder?

Buprenorphine product PA criteria: Update
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- a. Yes; approve for requested length of therapy or up to 6 months
 - b. No; Deny category 5: not medically appropriate
11. Is there documentation of intolerance or a high risk to member to formulary options?
- a. Yes; Approve for up to 3 month trial.
 - b. No; Deny category 15: Not a covered benefit.