DISTRICT OF COLUMBIA ~ DEPARTMENT OF HEALTH ~ ADAP

Buprenorphine/Naloxone (Suboxone®) and Buprenorphine (Subutex®)

PRIOR AUTHORIZATION PROGRAM Request Form- Initial Request 12 months maximum

CLIENT'S NAME: _____ ADAP ID: _____

CLIENT'S DATE OF BIRTH: _____ ADAP Pharmacy: _____

DC ADAP Policy: Suboxone® (buprenorphine/naloxone) contains buprenorphine, a mu-opioid receptor partial agonist and a kappa receptor antagonist. It also contains naloxone, which is a mu-opioid receptor antagonist, to limit diversion and parenteral abuse of buprenorphine. Naloxone has limited transmucosal absorption and no effect when administered with buprenorphine as prescribed. It is available as sublingual tablet (2mg-0.5mg, 8mg-2mg) and sublingual film (2mg-0.5mg, 4mg-1mg, 8mg-2mg, 12mg-3mg). **Subutex®** contains buprenorphine and is available as sublingual tablet (2mg, 8mg).

Suboxone® and Subutex® require prior approval for coverage. Allow up to 96 hours for completion of request.

Indication for Use:
Buprenorphine/naloxone and buprenorphine has been approved for use in clients for the treatment of opioid dependence.

Criteria for use:
Please complete and check all that apply:

1. Medical provider meets qualifications to prescribe buprenorphine/naloxone or buprenorphine. (Federal, State, Local)

   YES ☐ NO ☐
2. Client is diagnosed with opioid dependence and/or opioid addiction.

   YES ☐ NO ☐
3. Client is not currently prescribed another opioid.

   YES ☐ NO ☐
4. Client has been educated of the risks associated with using buprenorphine/naloxone or buprenorphine with alcohol or benzodiazepines.

   YES ☐ NO ☐
5. Client does not have any untreated or unstable psychiatric conditions that would interfere with buprenorphine/naloxone or buprenorphine treatment.

   YES ☐ NO ☐
6. Client is not pregnant and has a negative pregnancy test.

   YES ☐ NO ☐
7. Client will be actively involved in formal counseling with a behavioral health provider and in an "after-care" program, such as NA or AA.

   YES ☐ NO ☐
8. Client has been educated on the appropriate storage, handling and administration of buprenorphine/naloxone or buprenorphine.

   YES □ NO □

9. Client has been informed of potential benefits and risks associated with buprenorphine/naloxone or buprenorphine.
   YES □ NO □
10. Client's anticipated start date of buprenorphine/naloxone or buprenorphine is_____.

11. Client's anticipated duration of treatment is _____ months.

12. Please provide the following information:
    Drug_____ Initial Dose_____

Recommended dosage and administration: The recommended dose of buprenorphine/naloxone and buprenorphine for the induction and maintenance phases are shown in the table below. Treatment should be started when signs of moderate withdrawal appear. Sublingual tablets should be placed under the tongue until it dissolved. Sublingual films should be placed inside the left or right cheek until it completely dissolves.

Patients should be counseled on appropriate storage, handling, and administration of buprenorphine/naloxone and buprenorphine.

Drug	Induction Phase Dosing	Maintenance Phase Dosing
Buprenorphine/Naloxone - Suboxone® (sublingual tablet)	**Up to 8mg/2mg on day 1, 16mg/4mg (2 x 8mg/2mg) as a single dose on day 2.**	**Recommended target maintenance dose is 16mg/4mg (2 x 8mg/2mg) daily as a single dose**
Buprenorphine/Naloxone - Suboxone® (sublingual film)	**Up to 8mg/2mg on day 1, 16mg/4mg (2 x 8mg/2mg) as a single dose on day 2.**	**Recommended target maintenance dose is 16mg/4mg(2 x 8mg/2mg) daily as a single dose**
Buprenorphine - Subutex ® (sublingual tablet)	**8mg sublingual on day 1, 16mg (2x 8mg) sublingual tablet on day 2.**	**12 to 16mg sublingual daily; adjust in 2mg or 4mg increments to a dose that holds the patient in treatment without withdrawal symptoms**

Physician's signature: _____ Date: _____

Physician's Name (Print):_____Phone #:_____Fax #:_____

Fax Completed Form to Clinical Pharmacy Associates, Inc.

Fax: 1 (888) 971-7229 Phone: 1 (800) 745-0434 ext 150 Attention: Prior Approval Program

Approval: YES □ NO □ Date_____ Initials_____ Office use only

Reason for denial_____