



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

**Suboxone®/Subutex® (buprenorphine/naloxone)**  
**[Prior Authorization Request Form](#)**

**Prior authorization requests for Suboxone or Subtuex will be approved if the following criteria are met:**

- 1) Prior authorization requests must be made in writing by an approved prescriber on the designated PA form by fax or electronic submission; **AND**
- 2) Prescribed by a licensed physician who qualifies for a waiver under the Drug Addiction Treatment Act (DATA) and has notified the Center for Substance Abuse Treatment of the intention to treat addiction patients and has been assigned a DEA(X) number; **AND**
- 3) Prescribed by a WV Medicaid enrolled provider (enrolled directly, enrolled with WV Medicaid HMO, employed by a facility that is enrolled with WV Medicaid) who certifies he/she is treating the patient and billing WV Medicaid for this service; **AND**
- 4) Confirmed diagnosis of opiate abuse/dependence, diagnosis code is required; **AND**
- 5) The patient is sixteen (16) years of age or older. Exceptions can be handled on appeal to the Medical Director; **AND**
- 6) Subutex will only be approved for use during pregnancy; **AND**
- 7) Member will be locked into one pharmacy for prescriptions for all scheduled drugs; **AND**
- 8) Members will remain locked into one pharmacy until their annual review date, even if Suboxone/Subutex therapy is discontinued; **AND**
- 9) Maximum initial dose is 24mg per day for a maximum of a sixty (60) day period; initial dosing is limited to once per lifetime; **AND**
- 10) Maximum maintenance dose is 16mg per day (tablet splitting for lower doses is required, when appropriate); **AND**
- 11) Early refills are not permitted, including replacement of lost or stolen medication; **AND**
- 12) PA is limited to a six (6) month period to be dispensed in corresponding quantities for the time periods specified by the prescriber, with a maximum time period of thirty (30) days and sixty (60) units; **AND**
- 13) Combination with benzodiazepines, hypnotics, and opioids (tramadol) will be denied; **AND**



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES**



- 14) Patient must be warned about the dangers of ingesting concurrent sedating medications; **AND**
- 15) Attestation from prescriber that the Board of Pharmacy Prescription Drug Monitoring Program database has been reviewed and that patient has been warned about the dangers of ingesting concurrent sedating medications.

*Review and Approved  
DUR Board 11/03/2010  
Revised 06/08/2011  
Revised 02/20/2013*