

## Healthcare Exchange PA Criteria

*Effective: May 2016*

**Prior Authorization:** Bunavail

**Products Affected:** Bunavail (buprenorphine/naloxone buccal film)

**Medication Description:** Bunavail is indicated for the treatment of opioid dependence. Bunavail should be used as part of a complete treatment plan that includes counseling and psychosocial support. Buprenorphine exerts its analgesic effect via high affinity binding to mu opiate receptors in the CNS; displays partial mu agonist and weak kappa antagonist activity. Naloxone is a pure opioid antagonist that competes and displaces opioids at opioid receptor sites.

**Covered Uses:** Bunavail is indicated for the treatment of opioid dependence.

**Exclusion Criteria:** N/A

**Required Medical Information:**

1. Diagnosis
2. Previous medications tried/failed

**Age Restrictions:** N/A

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

Approve if the patient meets the following criteria (A, B, C, D, and E):

- A. Patient has a diagnosis of opioid dependence; **AND**
- B. Patient's treatment plan includes ongoing participation in a structured drug addiction treatment program and/or counseling; **AND**
- C. Patient has an intolerance to, or treatment failure of an adequate trial of Suboxone sublingual films; **AND**
- D. Patient has an intolerance to, or treatment failure of an adequate trial of Suboxone sublingual tablets; **AND**
- E. Patient is not using short or long acting narcotics concurrently

**References:**

1. Bunavail package insert; BioDelivery Sciences International, Inc., Raleigh, North Carolina 27607 USA

## Policy Revision history

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	May 2016
2.	Update	Moved to updated template CCI Revision Record: 4/16, 5/17, 11/17, 5/19	All	3/10/20