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

Last Res.3.10.2020

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
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