

Medicare Part D – 2016**Prior Authorization Group Description:**

SUBUTEX

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:**Required Medical Information:**

MAINTENANCE REQUESTS FOR PREGNANT PATIENTS: Approve as requested. MAINTENANCE REQUESTS FOR NON-PREGNANT PATIENTS: Confirmation of intolerance to naloxone portion of suboxone.

Age Restrictions:**Prescriber Restrictions:****Coverage Duration:**

Non pregnant: 12 months Pregnant patients: 9 months.

Other Criteria: