

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

ZUBSOLV

**Covered Uses:**

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

**Exclusion Criteria:****Required Medical Information:**

MAINTENANCE REQUESTS: Confirmation of abstinence from other opioid use (retention).

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

12 months.

**Other Criteria:**