

PA Description	Buprenorphine SL tab (Subutex)/ Buprenorphine & naloxone (Suboxone)
Managed by	Managed Care Organizations (MCOs) contracted by the Puerto Rico Health Insurance Administration (known in Spanish as <i>Administración de Seguros de Salud</i> or ASES) to provide pharmacy services to the insured of the Government Health Plan.
Covered Uses	<ul style="list-style-type: none"> a) Dependence on opiates without complications (ICD-10: F11.20) b) Dependence on opiates in remission (ICD-10: F11.21) c) Dependence on opiates with withdrawal (ICD-10: F11.23)
Exclusion Criteria	<ul style="list-style-type: none"> a) Concurrent use with opioids
Required Medical Information	<p>A. Physician must document:</p> <ul style="list-style-type: none"> a) Patient’s diagnosis b) Patient’s dose c) Patient’s Status: <ul style="list-style-type: none"> i. New Patient ii. Restart in Buprenorphine Treatment iii. Patient in Maintenance d) Treatment status <ul style="list-style-type: none"> i. Up to three (3) days Induction ii. Two (2) months of Stabilization iii. Maintenance e) Document that the patient was evaluated and is qualified to comply with outpatient treatment of opioid dependence because it does not present any of the following reasons that prevent the pre-authorization of the medication: There is no patient pregnancy, nor is it a nursing mother; Patient is not dependent on other substances such as Benzodiazepines and / or Alcohol; Patient is not on Active Methadone Treatment; patient does not have any severe, uncontrolled psychiatric condition; patient has no suicidal or homicidal ideas; Patient is committed to treatment with Buprenorphine; patient does not present hypersensitivity and / or contraindication to the ingredients of Suboxone © (Buprenorphine / Naloxone); Patient does not present other significant medical conditions. f) Document that the patient is over 18 years old and completed the consent form before starting treatment. (Consent sheet must be included) g) Document that the patient is dependent on Opioids h) Document that a toxicological test was performed, including Buprenorphine <p>B. For Induction, also document:</p> <ul style="list-style-type: none"> a). Patient shows symptoms of Withdrawal (Induction Phase)

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	b). Patient has not used opiates in the past 12-24 hours. (Induction phase)
Age Restriction	(a) Patients 18 years of age or older
Prescriber Restriction	(a) Prescribed by a qualified and registered physician for prescription of buprenorphine
Coverage Duration	a) Subject to case-by-case evaluation
Other Criteria	<ul style="list-style-type: none"> a) Subutex or Suboxone should be used as part of a complete treatment plan to include counseling and psychosocial support. b) Refer to product prescription insert for dosage and administration c) All medication requests will be evaluated by the Pharmacist and / or Medical Director. If it is a maintenance request that meets all the requirements, it can be processed by the Pharmacy Assistant.