UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 2059-14
Program	Prior Authorization/Medical Necessity Buprenorphine/Naloxone Products
Medication	Suboxone® * (Brand Only)
P&T Approval Date	7/2015, 10/2016, 3/2017, 9/2017, 9/2018, 7/2019, 7/2020, 11/2020, 11/2021, 1/2023, 2/2024, 4/2025, 4/2026
Effective Date	7/1/2026

1. Background

Suboxone* contains buprenorphine, a narcotic and naloxone, an opiate antagonist. Buprenorphine, like other opioids, has the potential for being abused. Naloxone is used to guard against misuse by blocking the effects of opiates if the drug is manipulated for injection. This program requires a member to meet treatment criteria prior to the coverage of buprenorphine/naloxone combination products. It also requires the member to try the preferred combination product buprenorphine/naloxone (generic Suboxone) or Zubsolv prior to receiving coverage for Suboxone *.

2. Coverage Criteria[a, b]:

A. Initial Authorization

1. **Suboxone*** (Brand Only) will be approved based on **both** of the following criteria:

   a. The patient is being treated for opioid dependence[c]

   -AND-

   b. Both of the following:

      i. **One** of the following:

         (a) Submission of medical records (e.g., chart notes) documenting an inadequate response to a minimum 30-day trial of Zubsolv. (30-day trial must be completed prior to Prior Authorization/Medical Necessity request.)
         (b) Submission of medical records (e.g., chart notes) documenting the member has experienced adverse effects or has a contraindication to Zubsolv, including the manifestation of the adverse reaction or reason for contraindication

      -AND-

      ii. **One** of the following:

         (a) Submission of medical records (e.g., chart notes) documenting an inadequate response to a minimum 30-day trial of buprenorphine/naloxone (generic Suboxone). (30-day trial must be completed prior to Prior Authorization/Medical

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Necessity request.)
(b) Submission of medical records (e.g., chart notes) documenting the member has experienced adverse effects or has a contraindication to generic buprenorphine/naloxone (generic Suboxone) including the manifestation of the adverse reaction or reason for contraindication

Authorization will be issued for 12 months.

B. Reauthorization:

1. **Suboxone*** (Brand Only) will be approved based on the following criterion:

   a. Documentation of positive clinical response[c]

   Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.
[b] Review not required for plans sitused in the state of Illinois.
[c] Plans sitused in Nevada are not subject to clinical criteria. Only step therapy may be required.

3. Additional Clinical Rules:

- Supply limits may be in place.
- Suboxone (Brand Only) is typically excluded from coverage. Tried/Failed criteria may be in place. Please refer to plan specifics to determine exclusion status. Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Suboxone [package insert]. Richmond, VA: Indivior Inc.; December 2025.
2. Zubsolv [package insert]. Morristown, NJ: Orexo US, Inc.; December 2025.
3. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update [published correction appears in J Addict Med. 2020 May/Jun;14(3):267]. J Addict Med. 2020;14(2S Suppl 1):1-91. doi:10.1097/ADM.0000000000000633

Program	Prior Authorization/Medical Necessity – Buprenorphine/Naloxone Products
Change Control	
Date	Change
7/2015	New Program
10/2016	Annual update. Decreased reauthorization period from 24 months to 12 months. Updated references.
3/2017	Administrative update. Removed requirement for medical record submission to verify opioid dependence diagnosis. Updated references.
9/2017	Changed reference from intolerance to adverse reaction to Zubsolv.

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	Removed DEA waiver requirement.
9/2018	Annual review. Removed reference to brand Suboxone tablets (brand no longer available). Updated references.
7/2019	Removed generic Suboxone and buprenorphine/naloxone tablets from medications covered by criteria. Added criteria for DATA2000 prescriber.
7/2020	Annual review. Updated references. Clarified timing of 30 day trial.
11/2020	Removed criteria for DATA2000 prescriber. Removed pain management confirmation. Updated medical records requirement.
11/2021	Annual review. Updated references.
1/2022	Administrative change. Illinois footnote added. Criteria retired 1/2019 for Illinois.
1/2023	Updated background to include additional qualified practitioners that may prescribe buprenorphine for the treatment of opioid use disorder. Updated references.
2/2024	Removed Bunavail from program, it is off the market. Added Nevada mandate. Updated references.
4/2025	Annual review. Updated background and references.
4/2026	Annual review. Updated references.

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