Buprenorphine
Effective April 17, 2019

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Buprenorphine is a partial agonist at the mu-opioid receptor and an antagonist at the kappa-opioid receptor indicated for the treatment of opioid dependence and are preferred for induction. Prescription use of this product is limited under the Drug Addiction Treatment Act.

Coverage Guidelines

Authorization may be granted for members when ALL the following criteria are met:

1. Patient has a diagnosis of opioid dependence **AND**
2. The requesting provider MUST be a licensed buprenorphine prescriber **AND**
3. Prescriber has provided documentation of one of the following to support avoiding treatment with a buprenorphine/naloxone product:
    a. Medical records documenting an inadequate response, intolerance, or allergy to naloxone
    b. Current pregnancy (request must include anticipated date of delivery)
    c. Member is currently breastfeeding
    d. Medical records indicating a moderate to severe hepatic impairment (i.e., Child-Pugh B to C)

OR

3. Patient is dependent on a long-acting opioid **AND**
4. Patient requires buprenorphine to initiate therapy with Suboxone film

Please note: Any members currently stable, defined as at least 60 days of therapy in the last 90 days, on buprenorphine that receives a paid claim for a long acting opioid (for any quantity or days' supply) or a paid claim for greater than a 7-day supply of a short acting opioid will require an additional prior authorization. If a member requires concurrent therapy with an opioid, then documentation detailing why

this is clinically necessary and appropriate will be required. **A maximum of 1 month is granted on approval.**

Continuation of Therapy

Reauthorization may be granted for members when ALL the following criteria are met:

1. Member is not currently taking an opioid.
2. Member has a moderate to severe hepatic impairment or an inadequate response, intolerance, or allergy to naloxone.
3. Documentation of improvement per physician assessment/evaluation of overall disease activity since previous approval is submitted.

   OR

2. **If female**, member is currently breastfeeding

Note: Members previously approved for buprenorphine due to pregnancy and/or has discontinued breastfeeding will be treated as new starts using the Initial Approval Criteria above.

Limitations

1. Initial approvals will be varied based on the treatment:
   a. Approval based on breastfeeding, hepatic impairment, inadequate response, intolerance, or allergy to naloxone will be for 6 months.
   b. Approval based on pregnancy will be for 10 months.
   c. Approval based on induction therapy will be for a maximum of 5 days.
2. Reauthorizations will be varied based on the treatment:
   a. Approval based on breastfeeding will be for 3 months.
   b. Approval based on hepatic impairment, inadequate response, intolerance, or allergy to naloxone will be for 12 months.
3. The following quantity limits apply:

Buprenorphine	90 tablets per 30 days

References

1. Buprenorphine [package insert]. Sellersville (PA): Teva Pharmaceuticals, USA; 2015 Feb.

Review History

06/18/07 – Reviewed
12/01/07 – Effective
06/16/08 – Reviewed
06/15/09 – Reviewed
06/21/10 – Reviewed
06/27/11 – Reviewed
06/25/12 – Reviewed
06/24/13 – Reviewed
06/23/14 – Reviewed
06/26/17 – Reviewed
12/2017 – Updated (MH Guidelines)
04/17/19 – Reviewed in P&T Meeting

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.