

**Buprenorphine/naloxone tablets (Suboxone®)
Zubsolv® (buprenorphine/naloxone tablet)
Bunavail® (buprenorphine/naloxone buccal film)
Effective 07/15/19**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
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/naloxone tablets (Suboxone), Zubsolv (buprenorphine/naloxone tablet), Bunavail (buprenorphine/naloxone buccal film) contain buprenorphine, a partial opioid agonist, and naloxone, an opioid antagonist, indicated for the maintenance treatment of opioid dependence.

Coverage Guidelines

Authorization may be granted for members with opioid dependence when 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. Patient has had a documented allergic (anaphylaxis, angioedema, itching, rash or difficulty breathing) reaction that can be definitively traced to the Suboxone® film **OR**
3. Patient has had a severe adverse reaction* that can be definitively traced to the Suboxone® film

*Adverse reactions (headache, pain, constipation, nausea/vomiting, sweating, insomnia, etc.) are to be expected are NOT generally acceptable clinical rationale for avoiding treatment with Suboxone® film. These adverse events should be expected and managed as a part of opioid dependence therapy, and may be treated symptomatically (e.g. antiemetic for nausea/vomiting, analgesic use for headache, clonidine for anxiety, etc.) or by buprenorphine dose adjustment (e.g. changing of dose timing to minimize impact of adverse event, increase of dose to minimize withdrawal/cravings, etc.) where necessary.

Continuation of Therapy

Reauthorization may be granted when the following criteria are met:

2. Member is not currently taking an opioid.



- Documentation of improvement per physician assessment/evaluation of overall disease activity since previous approval is submitted.

Limitations

- Initial approvals will be granted for 6 months.
- Reauthorizations will be granted for 12 months.
- The following quantity limits apply:

Medication	Initial Quantity Limit	Maximum Allowed*
buprenorphine tablet	90 tablets per 30 days	≤ 24 mg/day
buprenorphine/naloxone tablet	90 tablets per 30 days	≤ 24 mg/day
Suboxone® (buprenorphine/naloxone film) 12-3 mg	60 film strips per 30 days	≤ 24 mg/day
Suboxone® (buprenorphine/naloxone film) 2-0.5mg	360 film strips per 30 days	≤ 24 mg/day
Suboxone® (buprenorphine/naloxone film) 4-1mg	180 film strips per 30 days	
Suboxone® (buprenorphine/naloxone film) 8-2mg	90 film strips per 30 days	
Zubsolv® (buprenorphine/naloxone tablet) 11.4 mg/2.9mg	30 tablets per 30 days	
Zubsolv® (buprenorphine/naloxone tablet) All other strengths	60 tablets per 30 days	≤ 22.8/5.8 mg/day
Bunavail® (buprenorphine/naloxone buccal film)	60 film strips per 30 days	≤ 16.8/2.8 mg/day

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. Approval will be for a maximum of 1 month.

References

N/A

Review History

- 04/28/14 – Reviewed
- 06/09/14 – Effective
- 04/27/15 – Reviewed
- 03/01/18 – Updated (adopted MH strategy which includes adding Suboxone tabs to PA)
- 04/17/19 – Reviewed in P&T Meeting
- 07/15/19 – Updated (Suboxone QL)

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.