

# Buprenorphine Agents

Based on FL FFS criteria ([Buprenorphine Agents Criteria](#))

Override(s)	Approval Duration
Prior Authorization	

  

Medications	Quantity Limit
Suboxone Film – Preferred Buprenorphine/naloxone SL tablets – Preferred Bunavail – Non-preferred Zubsolv – Non-preferred  Buprenorphine (single ingredient) – Preferred	May be subject to quantity limits

## APPROVAL CRITERIA

### BUPRENORPHINE AGENTS

*\*Prescribers initiating patients on medication assisted treatment will be able to prescribe a 7-day supply of buprenorphine sublingual tablets (for pregnant or nursing women) or Suboxone film or buprenorphine/naloxone SL tablets for induction therapy without prior authorization. A complete prior authorization submission will be required beyond the 7 days.\**

### PREFERRED AGENTS FOR OPIOID DEPENDENCE (WITH CLINICAL PRIOR

AUTHORIZATION): Suboxone film, buprenorphine/naloxone sublingual tablets, buprenorphine sublingual tablets

LENGTH OF AUTHORIZATION: UP TO 3 MONTHS

### APPROVAL INDICATIONS FOR INITIAL THERAPY FOR OPIOID DEPENDENCE:

(buprenorphine/naloxone products)

1. Submission for preferred Suboxone film or buprenorphine/naloxone SL tablets is required.
2. Patient must be greater than or equal to 16 years of age.
3. Must have a confirmed diagnosis of Opioid Dependence (DSM IV-TR criteria) supported by progress notes/induction work-up or the physician's physical evaluation of the patient.
4. Prescriber must be certified through the Substance Abuse and Mental

Health Services Administration (SAMHSA).

5. Must provide an initial drug screen to verify the presence of opiates and other substances or an opiate clinical withdrawal scale.
6. Must document referral to a support group or mental health counselor.
7. Must document commitment to treatment.
8. Must not have concurrent use of opioids, tramadol, carisoprodol, or illicit substances.

**APPROVAL INDICATIONS FOR INITIAL THERAPY FOR SINGLE INGREDIENT BUPRENORPHINE FOR OPIOID DEPENDENCE:**

1. Submission for preferred sublingual buprenorphine tablets is required.
2. Must have a confirmed diagnosis of Opioid Dependence (DSM IV-TR criteria) supported by progress notes/induction work-up or the physician's physical evaluation of the patient.
3. Prescriber must be certified through the Substance Abuse and Mental Health Services Administration (SAMHSA).
4. Must provide an initial drug screen to verify the presence of opiates and other substances or an opiate clinical withdrawal scale.
5. Must be referred to a support group or mental health counselor.
6. Must document a commitment to treatment.
7. Must not have concurrent use of opioids, tramadol, carisoprodol, or illicit substances.
8. Must be greater than or equal to 16 years of age
9. Patient is pregnant or nursing; **OR**
10. Patient dependent on methadone or long-acting opioid products (approved for one month only).

**CONTINUATION OF THERAPY FOR OPIOID DEPENDENCE:** (Must meet all criteria for approval.)

1. Must be compliant with pharmacologic therapy.
2. Must provide progress notes since last approval detailing the patient's response to treatment and progress towards goals.
3. Prescriber must address relapse if it occurred.
4. Must not have concurrent use of opioids, tramadol, carisoprodol, or illicit substances (review prescription claims history since the last approval to ensure abstinence of these medications).
5. Must provide all urine drug screen tests since last approval.
6. Must provide documentation of compliance with non-pharmacologic therapy (counseling or group therapy).

### **APPROVAL INDICATIONS FOR INITIAL THERAPY FOR PAIN:**

1. Patient must be 18 years of age or older.
2. Trial and failure documentation of preferred agent(s) required.
3. Submission of justification of the need for the management of pain severe enough to require daily, around the clock, long-term opioid treatment (not indicated for as needed analgesic).
4. The requested medication must have an FDA indication for chronic pain severe enough to require around the clock, long-term opioid treatment.

### **CONTINUATION OF THERAPY FOR PAIN:**

1. Patient continues to meet all of the initial review criteria; AND
2. Patient has been compliant with medication refills; AND
3. Patient has no medication fills for any other long acting opioid; AND
4. There is no history of behavior indicative of abuse including requests for early refills.

### **Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 3, 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.