

Clinical Policy: Buprenorphine/Naloxone (Bunavail, Cassipa, Suboxone, Zubsolv)

Reference Number: CP.PMN.81

Effective Date: 09.01.17

Last Review Date: 02.22

Line of Business: Commercial, HIM, Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Buprenorphine/naloxone (Bunavail[®], Cassipa[®], Suboxone[®], and Zubsolv[®]) is a partial opioid agonist.

FDA Approved Indication(s)

Bunavail, Cassipa, Suboxone, and Zubsolv are indicated for the treatment of opioid dependence.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation[®] that Bunavail, Cassipa, Suboxone, and Zubsolv are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Opioid Dependence (must meet all):

1. Diagnosis of opioid dependence;
2. Member must use generic buprenorphine/naloxone sublingual tablets or film;
3. Dose does not exceed:
 - a. Bunavail: 12.6 mg/2.1 mg per day;
 - b. Cassipa: 16 mg/4 mg per day;
 - c. Suboxone film: 24 mg/6 mg per day;
 - d. Zubsolv: 17.2 mg/4.2 mg per day.

Approval duration: 12 months

B. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

II. Continued Therapy

A. Opioid Dependence (must meet all):

1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. Member is responding positively to therapy;

3. One of the following conditions is met (a or b):
 - a. Member has NOT received an opioid analgesic since last approval;
 - b. Prescriber submits documentation acknowledging that the use of opioid during the last approval period was due to a diagnosis of acute pain;
4. If request is for a dose increase, new dose does not exceed:
 - a. Bunavail: 12.6 mg/2.1 mg per day;
 - b. Cassipa: 16 mg/4 mg per day;
 - c. Suboxone film 24 mg/6 mg per day;
 - c. Zubsolv: 17.2 mg/4.2 mg per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.
Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Pain management;
- B. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, CP.PMN.53 for Medicaid, or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Buprenorphine-naloxone SL tablets	<u>Maintenance</u> : Target dose: buprenorphine 16 mg/naloxone 4 mg SL once daily; dosage should be adjusted in increments or decrements of 2 mg/ 0.5 mg or 4 mg/1 mg to a level that maintains treatment and suppresses opioid withdrawal symptoms; usual range: 4 mg/1 mg to 24 mg/6 mg per day	24 mg/6 mg per day
Buprenorphine-naloxone SL film	DAY 1 DOSING: First induction dose buprenorphine; naloxone 2 mg/0.5 mg or 4	24 mg/6 mg per day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	mg/1 mg SL film; may titrate in 2 or 4 mg increments of buprenorphine, at approximately 2-hour increments, under supervision, up to a total dose of buprenorphine/naloxone 8 mg/2 mg SL film. DAY 2 DOSING: A single daily dose of buprenorphine; naloxone up to 16 mg/4 mg SL film is recommended. DAY 3 DOSING AND BEYOND: Progressively adjust dose in increments or decrements of 2 mg/0.5 mg or 4 mg/1 mg to a level that holds the patient in treatment and suppresses opioid withdrawal signs and symptoms.	

Therapeutic alternatives are listed as Brand name[®] (generic) when the drug is available by brand name only and generic (Brand name[®]) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): hypersensitivity to buprenorphine or naloxone
- Boxed warning(s): none reported

V. Dosage and Administration

Drug Name	Dosing Regimen	Maximum Dose
Buprenorphine/naloxone (Suboxone) sublingual (SL) or buccal dissolving film	<u>Induction:</u> Titrate to 8 mg/2 mg SL on Day 1 and 16 mg/4 mg SL on Day 2; then start maintenance treatment <u>Maintenance:</u> Target dose: buprenorphine 16 mg/naloxone 4 mg once daily; dosage should be adjusted in increments or decrements of 2 mg/0.5 mg or 4 mg/1 mg to a level that maintains treatment and suppresses opioid withdrawal symptoms; usual range: 4 mg/1 mg to 24 mg/6 mg per day	24 mg/6 mg per day
Buprenorphine/naloxone (Bunavail) buccal film	<u>Maintenance:</u> Target dose: buprenorphine 8.4 mg/naloxone 1.4 mg once daily; dosage should be adjusted in increments or decrements of 2.1 mg/ 0.3 mg to a level that maintains treatment and suppresses opioid withdrawal symptoms; usual range: 2.1 mg/0.3 mg to 12.6 mg/2.1 mg per day	12.6 mg/2.1 mg per day
Buprenorphine/naloxone (Zubsolv) SL tablet	<u>Induction:</u> Titrate to 5.7 mg/1.4 mg SL on Day 1 and 11.4 mg/2.9 mg SL on Day 2; then start maintenance treatment <u>Maintenance:</u> Target dose: buprenorphine 11.4 mg/naloxone 2.9 mg once daily; dosage should be adjusted in increments or	17.2 mg/4.2 mg per day

Drug Name	Dosing Regimen	Maximum Dose
	decrements of 2.9 mg/ 0.71 mg to a level that maintains treatment and suppresses opioid withdrawal symptoms; usual range: 2.9 mg/0.71 mg to 17.2 mg/4.2 mg per day	
Buprenorphine/naloxone (Cassipa) SL film	<u>Maintenance:</u> Target dose: buprenorphine 16 mg/naloxone 4 mg SL once daily; dosage should be titrated to target dose using another marketed product (Cassipa comes in a single dose and cannot be adjusted)	16 mg/4 mg per day

VI. Product Availability

Drug Name	Availability
Buprenorphine/naloxone (Suboxone)	Sublingual film: buprenorphine/naloxone 2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, 12 mg/3 mg
Buprenorphine/naloxone (Bunavail)	Buccal film: buprenorphine/naloxone 2.1 mg/0.3 mg; 4.2 mg/0.7 mg, 6.3 mg/1 mg
Buprenorphine/naloxone (Zubsolv)	Sublingual tablet: buprenorphine/naloxone 0.7 mg/0.18 mg, 1.4 mg/0.36 mg, 2.9 mg /0.71 mg, 5.7 mg/1.4 mg, 8.6 mg/2.1 mg, 11.4 mg/2.9 mg
Buprenorphine/naloxone (Cassipa)	Sublingual film: buprenorphine/naloxone 16 mg/4 mg

VII. References

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Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q18 annual review: - Removed XDEA number (DATA2000 waiver) as a requirement since prescription use of these products is limited under the Drug Addiction Treatment Act. - Removed criteria related to participation in drug abuse counseling and urine drugs screens (e.g., submission of at least 2 negative random urine drug screens) to shift the responsibility of appropriate monitoring and use to the prescriber. - Removed requirement related to adherence to therapy on re-auth and added requirement for positive response to therapy. Modified generalized dosing requirement to include specific max dose of each drug - References reviewed and updated.	11.08.17	02.18
1Q 2019 annual review: no significant change from previously approved policy; references reviewed and updated.	10.23.18	02.19
1Q 2020 annual review: no significant changes; RT4: added new dosage form Cassipa to the policy; references reviewed and updated.	11.26.19	02.20
Revised product preferencing language to reflect current formulary status of the various buprenorphine/naloxone products.	02.26.20	
1Q 2021 annual review: no significant changes; policies combined for Medicaid and HIM lines of business; commercial: updated redirection to generic SL tablets only (and not to generic SL film, which requires PA); HIM: added NF Zubsolv and generalized the existing redirection to Suboxone SL tabs to apply to all agents on the policy; retired HIM.PA.35; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.	12.02.20	02.21

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Per March SDC modified redirection to also allow use of generic buprenorphine/naloxone sublingual film; modified redirection language from ‘documentation supports inability to use’ to ‘member must use’; added Commercial line of business (CP.CPA.299 to retire).	03.09.21	05.21
1Q 2022 annual review: no significant changes; references reviewed and updated.	11.23.21	02.22

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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