Clinical Policy: Buprenorphine (Subutex)

Reference Number: CP.PMN.82
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 (Subutex®) is a partial agonist at the mu-opioid receptor and an antagonist at the kappa-opioid receptor.

FDA Approved Indication(s)

Subutex is indicated for the treatment of opioid dependence and is preferred for induction.

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 Subutex is **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 meets one of the following conditions (a, b, or c):
   a. Member is pregnant;
   b. Member has experienced clinically significant adverse effects or contraindication(s) to buprenorphine/naloxone (e.g., Suboxone®);
   c. Request is for induction therapy (treatment duration of ≤ 5 days);
3. Dose does not exceed 24 mg (3 tablets) per day.

Approval duration:
Induction therapy: 5 days
Maintenance therapy: Duration of request or 12 months, whichever is less

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 Induction Therapy

1. Re-authorization for continuation of treatment beyond initial induction therapy is not permitted. Members must meet the initial approval criteria.

Approval duration: Not applicable

B. Opioid Dependence Maintenance Therapy (must meet all)**:**
1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;**
   ***Note: Subutex will not be renewed for pregnancy unless there is documentation supporting that member is pregnant again.*
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 24 mg (3 tablets) per day.

Approval duration: Duration of request or 12 months, whichever is less

C. 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. 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 policies – CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid, or evidence of coverage documents;

B. Pain management.

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 (Suboxone®)	**Opiate agonist dependence** • DAY 1 DOSING: First induction dose buprenorphine; naloxone 2 mg/0.5 mg or 4 mg/1 mg SL film; may titrate in 2 or 4 mg increments of buprenorphine, at approximately	24/6 mg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	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): History of hypersensitivity to buprenorphine
- Boxed warning(s): none reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Opioid dependence	Induction Adults: 8 mg sublingually (SL) on Day 1 and 16 mg SL on Day 2; then the patient should start maintenance treatment. Maintenance The maintenance dose is generally in the range of 4 mg to 24 mg buprenorphine per day depending on the individual patient. The recommended target dose is 16 mg. Doses higher than 24 mg have not been demonstrated to provide any clinical advantage. The dosage of buprenorphine should be progressively adjusted in increments/decrements of 2 mg or 4 mg buprenorphine to a level that holds the patient in treatment and suppresses opioid withdrawal signs and symptoms.	24 mg/day

VI. Product Availability

Sublingual tablets: 2 mg, 8 mg

VII. References

1. Buprenorphine Prescribing Information. Eatontown, NJ: Hikma Pharmaceuticals USA Inc.; August 2021. Available at: https://dailymed.nlm.nih.gov/dailymed/. Accessed November 23, 2021.
2. Center for Substance Abuse Treatment. Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2004. (Treatment Improvement Protocol (TIP) Series, No. 40.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK64245/. Accessed December 2, 2020.
3. Center for Substance Abuse Treatment. Medications for opioid use disorder. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2020. (Treatment Improvement Protocol (TIP) Series, No. 63) Available from: https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006. Accessed December 2, 2020.
4. Center for Substance Abuse Treatment. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Treatment Improvement Protocol (TIP) Series 43. DHHS Publication No. (SMA) 05-4048. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005. Available at: https://www.asam.org/docs/advocacy/samhsa_tip43_matforopioidaddiction.pdf?sfvrsn=0. Accessed December 3, 2020.
5. Center for Substance Abuse Treatment. Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 45. HHS Publication No. (SMA) 15-4131. Rockville, MD: Center for Substance Abuse Treatment, 2006. Available at: https://www.samhsa.gov/search-samhsa/featured/tip-45. Accessed December 3, 2020.
6. American Society of Addiction Medicine (ASAM). National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. Available at: https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf. Accessed December 3, 2020.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q18 annual review: Policies combined for Centene Medicaid, Marketplace and Commercial lines of business; Commercial: Removed requirement that member is not using concurrent opioid medications (including tramadol). Removed "maintenance treatment for members with documented hypersensitivity to naloxone" as an option for Subutex request and added member has experienced clinically significant adverse effects or contraindication(s) to buprenorphine/naloxone (e.g., Suboxone) as an approvable condition. Modified max dose from 32 mg/day to 24 mg/day per PI. Changed initial approval duration from LOB to 12 months. Re-auth: added requirement related to absence/presence of opioid use since last approval; modified continued approval duration from LOB to "duration of request or 12 months (whichever is less)." Added pain management as a	11.09.17	02.18

Reviews, Revisions, and Approvals	Date	P&T Approval Date
diagnosis for which coverage is not authorized; Medicaid and Marketplace: Removed XDEA number (DATA2000 waiver) as a requirement since prescription use of this product 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 "member is allergic to naloxone" as an approvable condition for Subutex since it's covered by "member has experienced clinically significant adverse effects or has contraindication(s) to Suboxone". Removed requirement related to adherence to therapy on re-auth and added requirement for positive response to therapy; Marketplace: Removed breastfeeding as an approvable condition-per SAMHSA/CSAT clinical guidelines, Suboxone is not contraindicated in breastfeeding. Removed requirement related to adherence to therapy on re-auth and added requirement for positive response to therapy; References reviewed and updated.		
1Q 2019 annual review: applied initial approval durations for Medicaid/HIM to Commercial; added clarification that re-auth will not be permitted for those who were initially approved for induction treatment unless other initial criteria (e.g., pregnancy) is met; references reviewed and updated.	10.30.18	02.19
1Q 2020 annual review: no significant changes; references reviewed and updated.	11.26.19	02.20
1Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.	12.02.20	02.21
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.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

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.