Clinical Policy: Buprenorphine-Naloxone (Bunavail, Cassipa, Suboxone, Zubsolv)
Reference Number: CP.PMN.81
Effective Date: 09.01.17
Last Review Date: 02.21
Line of Business: HIM, Medicaid

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. Documentation supports inability to use generic buprenorphine/naloxone sublingual tablets;
      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: 17.1 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): 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: 17.1 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): 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 – 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.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosing Regimen</th>
<th>Dose Limit/Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine-naloxone SL tablets</td>
<td>Maintenance: 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</td>
<td>24 mg/6 mg per day</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosing Regimen</th>
<th>Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine-naloxone (Suboxone)</td>
<td>Induction: Titrated to 8 mg/2 mg SL on Day 1 and 16 mg/4 mg SL on Day 2; then start maintenance treatment</td>
<td>24 mg/6 mg per day</td>
</tr>
<tr>
<td></td>
<td>Maintenance: 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</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine-naloxone (Bunavail)</td>
<td>Maintenance: 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</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintenance: Target dose: buprenorphine 11.4 mg/naloxone 2.9 mg once daily; dosage should be adjusted in increments or 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 17.1 mg/4.2 mg per day</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine-naloxone (Zubsolv)</td>
<td>Induction: Titrated 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</td>
<td>17.1 mg/4.2 mg per day</td>
</tr>
<tr>
<td></td>
<td>Maintenance: Target dose: buprenorphine 11.4 mg/naloxone 2.9 mg once daily; dosage should be adjusted in increments or 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 17.1 mg/4.2 mg per day</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine-naloxone (Cassipa)</td>
<td>Maintenance: Titrated to target dose using another marketed product (Cassipa comes in a single dose and cannot be adjusted)</td>
<td>16 mg/4 mg per day</td>
</tr>
</tbody>
</table>

VI. Product Availability

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine-naloxone (Suboxone)</td>
<td>Sublingual film: buprenorphine/naloxone 2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, 12 mg/3 mg</td>
</tr>
</tbody>
</table>
### Clinical Policy

**Buprenorphine-Naloxone**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine-naloxone (Bunavail)</td>
<td>Buccal film: buprenorphine/naloxone 2.1 mg/0.3 mg; 4.2 mg/0.7 mg, 6.3 mg/1 mg</td>
</tr>
<tr>
<td>Buprenorphine-naloxone (Zubsolv)</td>
<td>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</td>
</tr>
<tr>
<td>Buprenorphine-naloxone (Cassipa)</td>
<td>Sublingual film: buprenorphine/naloxone 16 mg/4 mg</td>
</tr>
</tbody>
</table>

### VII. References

CLINICAL POLICY
Buprenorphine-Naloxone

Reviews, Revisions, and Approvals

<table>
<thead>
<tr>
<th>Date</th>
<th>P&amp;T Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>03.17</td>
<td>08.17</td>
</tr>
</tbody>
</table>

Policy split from CP.PMN.23 buprenorphine-naloxone (Suboxone) and buprenorphine (Subutex)
Initial: removed age requirement since not an absolute contraindication; combined criteria for Suboxone film and non-PDL buprenorphine-naloxone tablet/film into one set since they share the same basic requirements. Re-auth: added max dose. Updated references.

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.

1Q 2019 annual review: no significant change from previously approved policy; references reviewed and updated.

1Q 2020 annual review: no significant changes; RT4: added new dosage form Cassipa to the policy; references reviewed and updated.

Revised product preferencing language to reflect current formulary status of the various buprenorphine/naloxone products.

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.

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.

©2017 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international
CLINICAL POLICY
Buprenorphine-Naloxone

copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.