MEDICATION POLICY:

Suboxone® Film

Generic Name: Buprenorphine/Naloxone Film

Therapeutic Class or Brand Name: Suboxone Film

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 65200010208220, 65200010208230, 65200010208240, and 65200010208250

Preferred: buprenorphine/naloxone film (generic)

Non-preferred: Suboxone® Film

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 8/14/2020

Prior Authorization Criteria

(may be considered medically necessary when criteria I through VI are met)

I. Documented diagnosis of opioid dependence.

II. Prescribing physician must provide his/her X-DEA number.

III. Must supply evidence of plans for on-going treatment monitoring that includes drug urine screening and checking of controlled substance database and/or reports if available.

IV. Must provide description of the counseling and psychosocial support to be received by patient, as indicated by chart notes or a brief letter of medical necessity.

V. Need to provide a treatment plan that includes a tapering plan or discontinuation of pharmacotherapy.

VI. Minimum age requirement: 16 years old.

Exclusion Criteria

- No concomitant therapy with Vivitrol® (naltrexone) or opiate analgesics is allowed.

Other Criteria

- Documentation must be provided from progress notes. If the provider desires to provide additional information or detail, a letter of medical necessity will be accepted as a supplement to, but not a replacement for, progress notes.

Quantity / Days Supply Restrictions

- The maximum dose of Suboxone® Film is 24mg/6mg per day. The quantity is limited to a maximum of a 30 day supply per fill:
    - 2mg/0.5mg: Up to 360 films per 30 days.
    - 4mg/1mg: Up to 180 films per 30 days.

- 8mg/2mg: Up to 90 films per 30 days.
- 12mg/3mg: Up to 60 films per 30 days.

APPROVAL LENGTH

- **Authorization:** Initial 18 month authorization at a maximum of 24mg/6mg buprenorphine/naloxone per day.
- **Re-Authorization:**
  - 18 months at a maximum of 24mg/6mg buprenorphine/naloxone per day, if the following criteria a through f are met:
    - Letter of explanation detailing why an additional approval is needed.
    - No concomitant therapy with Vivitrol® (naltrexone) or opiate analgesics.
    - Evidence of counseling and psychosocial support received by patient.
    - Evidence that a taper plan has been attempted, and if failed, why.
    - Detailed plans for immediate taper if initial taper failed.
    - A negative urine screen completed within 14 days of reauthorization start date

APPENDIX

N/A

REFERENCES

1. NPS.
2. http://www.suboxone.com/content/pdfs/SuboxonePI.pdf.
3. https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf
4. https://annals-org.libproxy.unm.edu/aim/fullarticle/2613555/health-public-policy-facilitate-effective-prevention-treatment-substance-use-disorders