

## SUBOXONE DRUG CLASS

Bunavail, Cassipa\*, Suboxone, Zubsolv (buprenorphine with naloxone sublingual tablets and film), Buprenorphine sublingual tablets, Brixadi, Sublocade (buprenorphine extended-release injection)

\*This medication is included in this policy but is not available in the market as of yet

### Pre - PA Allowance

**Age** 18 years of age or older

**Quantity**

Medication	Strength	Quantity Limit per 90 days
Suboxone	2mg /0.5mg, 4mg /1mg	360 units per 90 days
Zubsolv	0.7mg /0.18mg, 1.4mg /0.36mg, 2.9mg /0.71mg	
Bunavail film	2.1mg /0.3mg	
Buprenorphine SL tablet	2mg	
Suboxone	8mg /2mg	270 units per 90 days
Zubsolv	5.7mg /1.4mg	
Bunavail film	4.2mg /0.7mg	
Buprenorphine SL tablet	8mg	
Suboxone	12mg /3mg	180 units per 90 days
Zubsolv	8.6mg /2.1mg	
Bunavail film	6.3mg /1mg	
Zubsolv	11.4mg/2.9mg	90 units per 90 days

\*Utilizing the highest strengths available to achieve the dosage is recommended to minimize dosing errors and improve compliance

### Prior-Approval Requirements

**Age** 18 years of age or older

**Diagnosis**

Patient must have the following:

Opioid dependence

**AND ALL** of the following:

1. Patient will **NOT** be receiving other opioids
  - a. Patients currently on opioid therapy must be tapered off within 30 days
2. Patient will receive counseling and psychosocial support
3. Patient will be monitored during therapy for signs and symptoms of abuse / misuse as well as compliance and the potential diversion to others
4. Patient is **NOT** taking **exclusively** for pain control



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5. **Cassipa only:** patient has been titrated to a dose of 16 mg buprenorphine using another marketed product
6. **Brixadi only:** patient was initially treated with a single dose of a transmucosal buprenorphine product **OR** is already being treated with buprenorphine
7. **Sublocade only:** patients not currently taking buprenorphine will receive an initial dose of transmucosal buprenorphine before first injection of Sublocade

## Prior - Approval Limits

### Quantity

#### Suboxone

Strength	Quantity Limit per 90 days
2mg /0.5mg	360 dosage units per 90 days <b>OR</b>
4mg /1mg	360 dosage units per 90 days <b>OR</b>
8mg /2mg	270 dosage units per 90 days <b>OR</b>
12mg /3mg	180 dosage units per 90 days <b>OR</b>

**Combination of strengths not to exceed: 24/6mg / day**

#### Zubsolv tablet

Strength	Quantity Limit per 90 days
0.7mg /0.36mg	360 dosage units per 90 days <b>OR</b>
1.4mg /0.18mg	360 dosage units per 90 days <b>OR</b>
2.9mg /0.71mg	360 dosage units per 90 days <b>OR</b>
5.7mg /1.4mg	270 dosage units per 90 days <b>OR</b>
8.6mg /2.1mg	180 dosage units per 90 days <b>OR</b>
11.4mg /2.9mg	90 dosage units per 90 days <b>OR</b>

**Combination of strengths not to exceed: 17.2mg/4.2mg / day**

#### Bunavail film

Strength	Quantity Limit per 90 days
2.1mg /0.3mg	360 dosage units per 90 days <b>OR</b>
4.2mg /0.7mg	270 dosage units per 90 days <b>OR</b>
6.3mg /1mg	180 dosage units per 90 days <b>OR</b>

**Combination of strengths not to exceed: 12.6/2mg /day**

#### Buprenorphine SL tablet

Strength	Quantity Limit per 90 days
2mg	360 dosage units per 90 days <b>OR</b>



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8mg	270 dosage units per 90 days <b>OR</b>
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**Combination of strengths not to exceed: 24mg/ day**

### Cassipa film

Strength	Quantity Limit per 90 days
16mg /4mg	90 dosage units per 90 days

<b>Duration</b>	<b>NO</b> Concurrent Opioid Therapy	12 months
	Concurrent Opioid Therapy	1 month

### Brixadi injection

Strength	Quantity Limit per 84 days
(Weekly) 8mg, 16mg, 24mg, 32mg	12 syringes per 84 days <b>OR</b>
(Monthly) 64mg, 96mg, 128mg	3 syringes per 84 days

### Sublocade injection

Strength	Quantity Limit per 90 days
100mg	9 syringes per 90 days <b>OR</b>
300mg	3 syringes per 90 days

<b>Duration</b>	6 months
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## Prior – Approval *Renewal* Requirements

<b>Age</b>	18 years of age or older
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### Diagnosis

Patient must have the following:

Maintenance treatment of opioid dependence

**AND ALL** of the following:

1. Patient has shown no signs of opioid dependence-relapse
2. Patient will **NOT** be receiving other opioids during therapy





Federal Employee Program.

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- a. If patient was approved previously with a taper of opioid therapy, confirmation that taper is complete and **NO** longer on opioid therapy
3. Monitoring of therapy and support will be continued
4. Patient is **NOT** taking **exclusively** for pain control

### **Prior - Approval *Renewal* Limits**

Same as above