

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

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

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 OR
4mg /1mg	360 dosage units per 90 days OR
8mg /2mg	270 dosage units per 90 days OR
12mg /3mg	180 dosage units per 90 days OR

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 OR
1.4mg /0.18mg	360 dosage units per 90 days OR
2.9mg /0.71mg	360 dosage units per 90 days OR
5.7mg /1.4mg	270 dosage units per 90 days OR
8.6mg /2.1mg	180 dosage units per 90 days OR
11.4mg /2.9mg	90 dosage units per 90 days OR

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 OR
4.2mg /0.7mg	270 dosage units per 90 days OR
6.3mg /1mg	180 dosage units per 90 days OR

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 OR

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

8mg	270 dosage units per 90 days OR
-----	--

Combination of strengths not to exceed: 24mg/ day

Cassipa film

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

Duration	NO 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 OR
(Monthly) 64mg, 96mg, 128mg	3 syringes per 84 days

Sublocade injection

Strength	Quantity Limit per 90 days
100mg	9 syringes per 90 days OR
300mg	3 syringes per 90 days

Duration	6 months
-----------------	----------

Prior – Approval *Renewal* Requirements

Age	18 years of age or older
------------	--------------------------

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.

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

- 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