

PHARMACY POLICY STATEMENT

Common Ground Healthcare Cooperative (CGHC)

DRUG NAME	Subutex (buprenorphine)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required QUANTITY LIMIT— up to 16 mg/day

Subutex (buprenorphine) will be considered for coverage when the following criteria are met:

OPIOID DEPENDENCE

For **initial** authorization:

1. Medication will **not** be authorized if one of the following criteria met:
 - a) Member is 15 years of age or younger; OR
 - b) Members who are 16 to 44 years old and not pregnant receiving short acting buprenorphine without naloxone for longer than 9 months; OR
 - c) Dosages requested are greater than 16 mg/day; OR
 - d) Member has claims for concurrent use of opioids (including Medication Assisted Treatments) and benzodiazepines; OR
 - e) Members who are male or female 45 years of age or older receiving short acting buprenorphine without naloxone.

**Exception:* if member requests buprenorphine without naloxone than must meets all of the following criteria with Prior Authorization request:

- i) Member has documented trial of buprenorphine/naloxone combination product supported by claims history (at least one claim in the last 120 days); AND
- ii) Member has documented allergic hypersensitivity reaction to buprenorphine/naloxone combination product, supported by chart notes; OR
- iii) Member has documented clinically significant adverse drug reaction in response to buprenorphine/naloxone combination product, and the prescriber has provided a copy and confirmation of a MedWatch form submission to the FDA.

If member meets all the requirements listed above and:

- ***Member is pregnant, the medication will be approved for 12 months, OR***
- ***Member is male or non-pregnant, the medication will be approved for lifetime.***



DATE	ACTION/DESCRIPTION
04/03/2019	New policy for Subutex created.
03/11/2021	Annual review, no changes

References:

1. MedWatch: The FDA Safety Information and Adverse Event Reporting Program. Available at <http://www.fda.gov/safety/medwatch/default.htm>.
2. Subutex [prescribing information]. Richmond, VA: Indivior Inc; September 2017.

Effective date: 01/01/2025

Revised date: 03/11/2021