Clinical Policy: Buprenorphine/Naloxone (Bunavail, Cassipa, Suboxone, Zubsolv)

Reference Number: ERX.NPA.09
Effective Date: 09.01.17
Last Review Date: 02.22
Line of Business: Commercial, Medicaid

Revision Log

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.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ 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. If request is for a non-formulary/non-preferred buprenorphine/naloxone product, documented clinically significant adverse effects or contraindications to preferred buprenorphine/naloxone product;
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: 17.2 mg/4.2 mg per day.

Approval duration: 12 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Opioid Dependence (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions 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;
   d. Zubsolv: 17.2 mg/4.2 mg per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

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 – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s): hypersensitivity to buprenorphine or naloxone
- Boxed warning(s): none reported

V. Dosage and Administration

Drug Name	Dosing regimen	Maximum Dose
Buprenorphine/ naloxone (Suboxone) sublingual (SL) or buccal dissolving film	Induction: Titrate to 8 mg/2 mg SL on Day 1 and 16 mg/4 mg SL on Day 2; then start maintenance treatment 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	24 mg/6 mg per day
Buprenorphine/ naloxone (Bunavail) buccal film	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	12.6 mg/2.1 mg per day
Buprenorphine/ naloxone SL tablet	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	24 mg/6 mg per day

Drug Name	Dosing regimen	Maximum Dose
Buprenorphine/ naloxone (Zubsolv) SL tablet	Induction: Titrate 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 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 17.2 mg/4.2 mg per day	17.2 mg/4.2 mg per day
Buprenorphine/ naloxone (Cassipa) SL film	Maintenance: Target dose: buprenorphine 16 mg/naloxone 4 mg SL once daily; dosage should be titrated to target dose using another marketed product (Cassipa comes in a single dose and cannot be adjusted)	16 mg/4 mg per day

VI. Product Availability

Drug Name	Availability
Buprenorphine/naloxone (Suboxone)	Sublingual film: buprenorphine/naloxone 2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, 12 mg/3 mg
Buprenorphine/naloxone (Bunavail)	Buccal film: buprenorphine/naloxone 2.1 mg/0.3 mg; 4.2 mg/0.7 mg, 6.3 mg/1 mg
Buprenorphine/naloxone	Sublingual tablets: buprenorphine/naloxone 2 mg/0.5 mg, 8 mg/2 mg
Buprenorphine/naloxone (Zubsolv)	Sublingual tablets: 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
Buprenorphine/naloxone (Cassipa)	Sublingual film: buprenorphine/naloxone 16 mg/4 mg

VII. References

1. Bunavail Prescribing Information. Raleigh, NC: BioDelivery Sciences International, Inc.; March 2021. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/205637s021lbl.pdf. Accessed November 23, 2021.
2. Cassipa Prescribing Information. North Wales, PA: Teva Pharmaceuticals USA, Inc.; March 2021. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/208042s004lbl.pdf. Accessed November 23, 2021.
3. Suboxone Sublingual Film Prescribing Information. North Chesterfield, VA: Indivior Inc.; March 2021. Available at: https://dailymed.nlm.nih.gov/. Accessed November 23, 2021.
4. Zubsolv Prescribing Information. Morristown, NJ: Orexo US, Inc.; March 2021. Available at: https://www.zubsolv.com/. Accessed November 23, 2021.
5. Center for Substance Abuse Treatment. Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2004. (Treatment Improvement Protocol (TIP) Series, No. 40.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK64245/. Accessed December 2, 2020.
6. Center for Substance Abuse Treatment. Medications for opioid use disorder. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2020. (Treatment Improvement Protocol (TIP) Series, No. 63) Available from: https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006. Accessed December 2, 2020.
7. Center for Substance Abuse Treatment. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Treatment Improvement Protocol (TIP) Series 43. DHHS Publication No. (SMA) 05-4048. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005. Available at: https://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/Bookshelf_NBK64164.pdf. Accessed December 3, 2020.

8. Center for Substance Abuse Treatment. Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 45. HHS Publication No. (SMA) 15-4131. Rockville, MD: Center for Substance Abuse Treatment, 2006. Available at: https://www.samhsa.gov/search-samhsa/featured/tip-45. Accessed December 3, 2020.
9. American Society of Addiction Medicine (ASAM). National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. Available at: https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf. Accessed December 3, 2020.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
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. Added max dose for Bunavail and Zubsolv. Removed requirement related to adherence to therapy on re-auth and added requirement for positive response to therapy.	11.08.17	02.18
1Q 2019 annual review: no significant changes; modified language pertaining to redirection from 'If request is for Bunavail or Zubsolv, documented clinically significant adverse effects or contraindications to buprenorphine/naloxone (Suboxone) sublingual tablets or film' to 'If request is for a non-formulary/non-preferred buprenorphine-naloxone product, documented clinically significant adverse effects or contraindications to preferred buprenorphine-naloxone agent'; references reviewed and updated.	10.23.18	02.19
RT4: added new dosage form Cassipa.	06.21.19	
1Q 2020 annual review: no significant changes; references reviewed and updated.	11.26.19	02.20
1Q 2021 annual review: no significant changes; references reviewed and updated.	12.02.20	02.21
1Q 2022 annual review: no significant changes; references reviewed and updated.	11.23.21	02.22

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.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. 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.