OHP MEDICATION GUIDELINE DCIPA, LLC

Buprenorphine (Subutex®)
Buprenorphine-Naloxone (Suboxone®)
(Outpatient only, does not apply to OTP)

Approved by: Pain Management Committee (sub-committee of Clinical Advisory Panel)
Last Date Approved: 9/17

POLICY:

1) Coverage is limited to treatment of above the line diagnoses.
2) Use of generic medications where available will always be preferred to high cost generic or non-preferred brand name medications.
3) Certain medications are not covered when similar medications are available at lower cost.

Guidelines:

1) Documented diagnosis of opioid dependence.
2) Age ≥ 18
3) Patient discontinues all other opioid therapy, illicit drug use, stimulants, benzodiazepines, alcohol, and marijuana.
   a) Patient must have a negative drug screen for opiates, benzodiazepines, cocaine, cannabinoids, amphetamine, methamphetamine, and a positive result for buprenorphine. If patient has a positive drug screen for any non-prescribed medications or a negative result for buprenorphine, the patient should be reassessed by the prescriber and justification provided to remain in the program.
   b) Exceptions will be made for acute surgical or traumatic interventions that would necessitate the use of short-term opioid therapy for the treatment of pain. UHA encourages collaboration with the buprenorphine provider in these instances.
4) Prescriber is certified through SAMHSA (Substance Abuse and Mental Health Services Administration) OR has a Drug Addiction Treatment Act (DATA)-2000 waiver ID number.
5) Buprenorphine must be prescribed in conjunction with psychosocial counseling as part of a comprehensive treatment program. The patient must have proof of attendance from a certified substance use disorder treatment facility.
6) There must be documentation of random pill counts and urine drugs screens throughout therapy.
7) There must be a urine drug screen that includes buprenorphine at every office visit.
8) The provider must review the Oregon Prescription Monitoring Program at every office visit.

9) The patient must sign a medication contract and elect a single pharmacy of choice to utilize for all buprenorphine prescriptions.

**Length of Authorization/Criteria:**

1) Initial approval authorization will be granted for one month. Additional approval duration will be in 3-month to 6-month increments.

**References:**


Reviewed: 11/17/10; 6/12/13; 9/7/17 Updated: 9/7/17

Medical Director: Douglas Carr, MD