



UMPQUA HEALTH

ALLIANCE

OHP MEDICATION GUIDELINE DCIPA, LLC

Buprenorphine (Subutex®) **Buprenorphine-Naloxone (Suboxone®)**

Approved by: Pain Management Committee (sub-committee of QIUM)

Last Date Approved: 6/13

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, alcohol, and medical marijuana. If there is a positive urine drug screen for marijuana, authorization will be provided given all other criteria are met, for up to two months after induction to account for the half-life of marijuana.
 - a) If the urine drug screen is negative for the prescribed medication (buprenorphine), this will be treated as a relapse.
 - 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 either ADAPT or ADAPT provider.
- 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.
- 10) Sublingual buprenorphine/naxolone (Subuxone®) will only be authorized for those patients with a history of intravenous drug use.

Length of Authorization/Criteria:

- 1) Initial approval authorization will be granted until the next office visit after induction appointment (typically 2-4 weeks). Additional approvals will be in 3-month increments to reach a maximum of 12 months or 1 year of therapy.
- 2) If the patient relapses and has not already enrolled in ADAPT he/she must do so. The patient can relapse up to three times before buprenorphine therapy will no longer be covered by UHA.

References:

- 1) Center for Substance Abuse Treatment. Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Treatment Improvement Protocol (TIP) Series 40. DHHS Publication No. (SMA) 04-3939. Rockville, MD: SAMHSA, 2004
- 2) Cicero TJ, Surratt HL, Inciardi J. Use and misuse of buprenorphine in the management of opioid addiction. J Opioid Manage. 2007;3(6):302-308
- 3) Methadone and buprenorphine for the management of opioid dependence. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Jan. (Technology Appraisal 114). Available from the NICE web site.
- 4) Clinical guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, TIP 40, available at <http://www.samhsa.gov> or <http://www.ncbi.nlm.gov/books/bv.fcgi?rid=hstat5>

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