

Brian Sandoval
Governor



Marta Jensen
Acting Administrator
Division of Health Care Financing and Policy

Suboxone

The Division of Health Care Financing and Policy (DHCFP)

Fee For Service (FFS)



Current Prior Authorization Criteria

(Suboxone comes in a sublingual film)
(Subutex comes in a sublingual tablet)

Buprenorphine/Naloxone (Suboxone®/Subutex®)

Therapeutic Class: Narcotic Withdrawal Therapy Agents
Last Reviewed by the DUR Board: April 28, 2016

Buprenorphine/Naloxone (Brand Suboxone®) and Buprenorphine (Brand Subutex®) are subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Act and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Coverage and Limitations

Nevada Medicaid encourages recipients to participate in formal substance abuse counseling and treatment.

Approval will be given if all of the following criteria are met and documented:

- a. The recipient is 16 years of age or older; and
- b. The recipient has a diagnosis of opioid dependence; and
- c. Requests for a diagnosis of chronic pain will not be approved; and
- d. There is documentation the recipient has honored all of their office visits; and
- e. The medication is being prescribed by a physician with a Drug Addiction Treatment Act (DATA) of 2000 waiver who has a unique "X" DEA number; and
- f. All of the following are met:
 1. The recipient will not utilize opioids, including tramadol, concurrently with the requested agent; and
 2. If the recipient is currently utilizing an opioid, medical documentation must be provided stating the recipient will discontinue the opioid prior to initiation of buprenorphine or buprenorphine/naloxone.



Prior Authorization Criteria *(Continued)*

g. Requests for buprenorphine will be approved if one of the following is met:

1. The recipient is a pregnant female;
2. There is documentation that the recipient is breastfeeding an infant who is dependent on methadone or morphine;
3. The recipient has had an allergy to a buprenorphine/naloxone; or
4. The recipient has moderate to severe hepatic impairment (Child-Pugh B to C).

h. Requests that exceed the quantity limit must meet all of the following:

1. There is documentation in the recipient's medical record that the requested dose is the lowest effective dose for the recipient; and
2. The treatment plan has been provided.

2. Prior Authorization Guidelines

- a. Prior Authorization approval will be for one year.



Suboxone and FFS Medicaid

- Suboxone has been a preferred medication since July 2015.
- The FFS Drug Use Review (DUR) Board has reviewed Suboxone/Subutex criteria:
 - June 3, 2010
 - July 25, 2013
 - January 23, 2014
 - April 18, 2016
 - July 28, 2016



Emergency Supply of Medication

Emergency supply of medication

- a. In an emergency situation, dispensing of up to a 96-hour supply of covered outpatient drugs that require prior authorization will be allowed.
- b. Nevada Medicaid requires prior payment authorization for medications identified as requiring prior authorization.
- c. The physician must indicate the diagnosis on the prescription (preferably with an International Classification of Disease (ICD) code) to support the use of the emergency policy.
- d. As a follow-up to the dispensing of the emergency supply of medication, the provider must contact the QIO-like vendor, to obtain a verbal verification number.
- e. An approved PA (if required) will be necessary to get additional medication.



Current Quantity Limits

Drug	Generic Name	Strength	Dosage Form	Quantity Limit
Subutex®	Buprenorphine	2mg	SL Tab	90 tabs/30 days
Subutex®	Buprenorphine	8mg	SL Tab	60 tabs/30 days
Suboxone®	Buprenorphine/ Naloxone	2mg/0.5mg	SL Tab/Film	90 tabs/30 days
Suboxone®	Buprenorphine/ Naloxone	4mg/1mg	SL Tab/Film	30 tabs/30 days
Suboxone®	Buprenorphine/ Naloxone	8mg/2mg	SL Tab/Film	60 tabs/30 days
Suboxone®	Buprenorphine/ Naloxone	12mg/3mg	SL Tab/Film	30 tabs/30 days



Suboxone Utilization

Month/Year	Members	Paid Claims	Total Quantity	Total Paid Amt
Oct. 2015-Sept. 2016	1,238	2,126	52,071	\$ 389,357
2015-10	83	123	3,674	\$ 26,606
2015-11	75	125	3,116	\$ 22,551
2015-12	92	164	4,091	\$ 29,566
2016-01	105	178	4,397	\$ 32,190
2016-02	99	154	4,130	\$ 31,035
2016-03	106	185	5,048	\$ 38,054
2016-04	104	165	4,033	\$ 30,415
2016-05	111	196	4,460	\$ 33,720
2016-06	119	212	4,753	\$ 35,907
2016-07	106	187	4,521	\$ 34,298
2016-08	124	219	4,982	\$ 37,639
2016-09	114	218	4,866	\$ 37,375



Warning and Precautions of Suboxone/Subutex

- Under the Drug Addiction Treatment Act (DATA) codified at 21 U.S.C. 823(g), prescription use of this product in the treatment of opioid dependence is limited to physicians who meet certain qualifying requirements, and who have notified the Secretary of Health and Human Services (HHS) of their intent to prescribe this product for the treatment of opioid dependence and have been assigned a unique identification number that must be included on every prescription.
- The Institute for Safe Medication Practices (ISMP) includes this medication among its list of drug classes which have a heightened risk of causing significant patient harm when used in error.
- Abuse/misuse/diversion: Health care providers should be alert to problems of abuse, misuse, and diversion.
- Appropriate use: Buprenorphine/naloxone is not appropriate for pain management; deaths have been reported in opioid-naive patients receiving oral buprenorphine for analgesia.
- Withdrawal: Partial antagonist activity of buprenorphine may precipitate acute opioid withdrawal in opioid-dependent individuals upon rapid discontinuation or rapid taper. Naloxone may also precipitate intense withdrawal symptoms in patients addicted to opioids when administered before the opioid effects have subsided, or if misused and administered parenterally by opioid-dependent individuals. Abrupt discontinuation is not recommended; taper dose gradually when discontinuing.



Discussion

- Prescribing and safety concerns.
- Emergency access.
- Medication-Assisted Treatment.
- Diversion.
- Prescribing for pain.
- Withdrawal risks.



Contacts

- **Mary Griffith, RN, SSPS III**
(775) 684-3751
Mary.griffith@dhcfp.nv.gov
- **Shannon Sprout, Chief, Policy Development and Program Management**
(775) 684-3744
shannon.sprout@dhcfp.nv.gov
- **Optum Technical Call Center**
(866) 244-8554
- **Optum Clinical Call Center**
(855) 455-3311