

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | NA | NA | NA | NA | NA | NA | NA | NA | X | NA | NA | NA | NA | NA |

*FHK- Florida Healthy Kids

Buprenorphine/Naloxone – New Jersey Medicaid

| Override | Approval Duration |
|---------------------------------------|-------------------|
| Prior Authorization Quantity Limit | 1 year |

| Medications | Status | Strength | Quantity Limit |
|--|---------------|---|--|
| Buprenorphine with naloxone Sublingual Tablet *Indicates FDA maximum recommended dose for specific drug and dosage strength – 24 mg/6 mg | Preferred | 8mg – 2mg 2mg – 0.5mg | 3 tablets per day* 12 tablets per day* |
| Suboxone (buprenorphine with naloxone) Sublingual Film *Indicates FDA maximum recommended dose for specific drug and dosage strength – 24 mg/6 mg | Preferred | 2mg – 0.5mg 4mg – 1mg 8mg – 2mg 12mg – 3 mg | 12 films per day* 6 films per day* 3 films per day* 2 films per day* |
| Zubsolv (buprenorphine with naloxone) *Indicates FDA maximum recommended dose for specific drug and dosage strength – 17.2 mg/4.2 mg | Non-Preferred | 0.7mg-0.18mg 2.9mg – 0.71mg 11.4mg – 2.9mg 1.4mg – 0.36mg 5.7mg – 1.4mg 8.6mg – 2.1 mg | 23 tablets per day 4 tablets per day 1 tablet per day 12 tablets per day 3 tablets per day 2 tablets per day* |

PAGE 1 of 3 09/21/2018
New Program Date 06/01/2017

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

NJCRX-0015-18

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | NA | NA | NA | NA | NA | NA | NA | NA | X | NA | NA | NA | NA | NA |

*FHK- Florida Healthy Kids

| | | | |
|---|---------------|---------------|-------------------------|
| Bunavail (buprenorphine with naloxone) *Indicates FDA maximum recommended dose for specific drug and dosage strength – 12.6 mg/2.1 mg | Non-Preferred | 2.1mg – 0.3mg | 6 buccal films per day |
| | | 4.2mg – 0.7mg | 3 buccal films per day* |
| | | 6.3mg – 1mg | 2 buccal films per day |

Buprenorphine/Naloxone Protocol Approved April 2007

Purpose: To ensure appropriate, safe, and efficient use of buprenorphine/naloxone.

Criteria for approval

1. Prescriber is authorized (has a waiver) to prescribe buprenorphine/naloxone from the Substance Abuse & Mental Health Services Administration (SAMHSA).
2. Patient is being treated for opioid addiction/withdrawal.
3. Provider is aware of prescription for buprenorphine/naloxone for patients on CNS depressants (benzodiazepines) or short-acting opioids.
4. Patient is not enrolled in a Methadone Maintenance Treatment (MMT) program.

Criteria for denial

1. Prescriber does not have a waiver number issued by SAMHSA.
2. buprenorphine/naloxone prescription is for pain.
3. Patient is taking short-acting (hydrocodone) or long-acting opioids (oxycodone [Oxycontin®], MS Contin®, methadone).

Criteria for use of non-preferred agent

Initial requests for all non-preferred buprenorphine with naloxone products (Bunavail, and Zubsolv) may be approved for individuals who meet the following criteria (in addition to criteria listed above):

- I. Individual meets one of the following (a or b):
 - a. Individual has been on the requested product in the previous 180 days **OR**

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------------|-----------|-----------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | NA | NA | NA | NA | NA | NA | NA | NA | X | NA | NA | NA | NA | NA |

*FHK- Florida Healthy Kids

- b. Individual has had a trial of one preferred buprenorphine with naloxone agent (current preferred agents: buprenorphine/naloxone sublingual tablets and Suboxone film) in the previous 180 days.

References

1. Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed online at: www.samhsa.gov
2. Dosing Guidance for Suboxone and Subutex, Short and Long-term Medical Withdrawal (i.e. detoxification)- Inpatient and Outpatient. Accessed online on 3.6.07 at: www.suboxone.com/hcpopioiddependence/
3. Donaher PA. Managing Opioid Addiction with Buprenorphine. American Family Physician May 2006. Accessed on line at: www.aafp.org/afp/20060501/1573.html

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.