



Clinical Policy: Opiates with concurrent buprenorphine (Subutex®) and buprenorphine naloxone (Suboxone®)

Reference Number: IN.CP.PMN.47

Effective Date: 10.15

Last Review Date: 07.21

Line of Business: Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

The intent of the criteria is to ensure that patients follow selection elements established by Centene medical policy for opiates while concurrently on buprenorphine/naloxone or buprenorphine for the treatment of opioid addiction. Claims for opiate analgesics will require medical necessity review if there is a paid pharmacy claim within 45 days of the opiate claim.

FDA Approved Indication(s)

All edits are based on FDA labeling as published by the manufacturer

Brand

Multiple Medication classes are included in this edit

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.

It is the policy of health plans affiliated with Centene Corporation® that opiate use while concurrently on buprenorphine/naloxone or buprenorphine is **medically necessary** for members meeting the following criteria:

Approval Criteria:

1. Opiate prescriber must complete the Opiate with Concurrent Buprenorphine/Naloxone or Buprenorphine Prior Authorization request Form (Attachment A)
2. Opiate prescribing provider must notify the buprenorphine/naloxone or buprenorphine prescriber and seek approval of the use of the prescribed opiate therapy.
3. Opiate therapy prescribed is 7 days or less.

Approval Duration:

Approve opiate therapy as prescribed for duration of 7 days or less

Background

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Buprenorphine/Naloxone and buprenorphine are FDA approved for the treatment of opioid dependence. Buprenorphine possess analgesic properties but may not have sufficient pain relieving effects for acute pain in part because of the slow onset of action of buprenorphine and less frequent administration than most short acting opioids. There could potentially be clinical circumstances in which a member being treated for opiate dependence with buprenorphine or buprenorphine/naloxone may require short acting opioids for relief of acute moderate to severe pain. Prior to initiating opiates in members with known opiate dependence, thorough consideration to non-opiate containing analgesics should be strongly considered. If it is decided that the pain can only be effectively treated with opiates, a collaborative decision amongst the prescriber of both the opiate and the buprenorphine or buprenorphine/naloxone should take place.

References (or Bibliography)

1. Buprenorphine/naloxone and buprenorphine Monographs. Clinical Pharmacology. Accessed September 2015. <http://www.clinicalpharmacology-ip.com>
2. Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed September 2015. <http://store.samhsa.gov/product/TIP-40-Clinical-Guidelines-for-the-Use-of-Buprenorphine-in-the-Treatment-of-Opioid-Addiction/SMA07-3939>

Attachments

Opiate with Concurrent Buprenorphine/Naloxone or Buprenorphine
Prior Authorization Request Form

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New Policy	10/2015	10/2015
Approved with no changes for annual review	9/2016	9/2016
Clarified this applies to Medicaid product lines Clarified that this edit applies to buprenorphine products when prescribed for opioid addiction	7/2017	7/2017
Annual Review - No changes	7/2018	7/2018
Annual Review - No changes	7/2019	7/17/2019
Annual Review - No changes		07/2020
Annual Review - No changes		07/2021

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

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policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. 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. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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For Health Insurance Marketplace members, when applicable, this policy applies only when the prescribed agent is on your health plan approved formulary. Request for non-formulary drugs must be reviewed using the formulary exception policy.

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