

OPIOID ABUSE TREATMENT OPIOID PARTIAL AGONISTS

Drug Class: Narcotic Withdrawal Therapy Agents

FDA-approved uses: Treatment of opiate dependence

Available dosage forms:

- Bunavail (buprenorphine/naloxone) buccal films: 2.1/0.3mg, 4.2/0.7mg, 6.3/1mg
- Suboxone (buprenorphine/naloxone) sublingual films: 2/0.5mg, 4/1.0mg, 8/2.0mg, 12/3.0mg
- Subutex (buprenorphine) sublingual tablets: 2mg, 8mg
- Zubsolv (buprenorphine/naloxone) sublingual tablets: 0.7/0.18mg, 1.4/0.36mg, 2.9/0.71mg, 5.7/1.4mg, 8.6/2.1mg, 11.4/2.9mg
- Sublocade injection 300mg, 100mg

Opioid Abuse Treatment authorization form is available at:

<https://michigan.fhsc.com/Providers/Forms.asp>

Coverage Criteria/Limitations:

General Instructions:

- All questions on the request form must be answered for the authorization to be processed.
- Concurrent use of other addictive medications (i.e., benzodiazepines, stimulants) is not recommended. Coordination of care and treatment with other providers/prescribers is expected.
- All requests must be accompanied by the date the **Michigan Automated Prescription System (MAPS)/NarxCare** was last reviewed for the beneficiary. It must be within 30 days of the request. MAPS can be accessed at <https://michigan.pmpaware.net/login>.
- Requests submitted by Physician Assistants (PAs) and Nurse Practitioners (NPs) must include the PA or NP name, NPI, xDEA number and xDEA expiration date. PAs and NPs must also submit the collaborating physician's name and xDEA number
- Pregnant patients: The "All Pregnant Patients" section must be completed for both initiation and renewal of therapy requests in addition to other requested information.**
NOTE: Sublocade is not covered for pregnant or lactating patients at this time.
- Opioid partial agonists used for opioid dependence are not covered by Michigan Department of Health and Human Services for pain management.

Initiation of Therapy by Prescribing Physician

- Diagnosis:** Opioid use disorder (not pain management).
- Prescriber Specialty:** Prescribers must have an active X DEA license
- Induction:** Appropriate detoxification/induction is expected to take place prior to start of MAT
Sublocade: all patients must be on the equivalent of 8mg – 24mg of Suboxone for a minimum of 7 days prior to starting Sublocade.
Suboxone (buprenorphine/naloxone) 8mg/2mg sublingual tablet is dose equivalent to:
 - Subutex (buprenorphine) 8mg
 - Bunavail (buprenorphine/naloxone) 4.2mg/0.7mg buccal film
 - Zubsolv (buprenorphine/naloxone) 5.7mg/1.4mg sublingual tablet

MDHHS Prior Authorization Criteria

- Duration of authorization:** one year
- Quantity/Maximum dose:** Must submit explanation if dose above maximum is requested.
 - Bunavail (buprenorphine/naloxone): 2 films/day; Max Dose = 12.6/2.1 mg/day
 - Suboxone (buprenorphine/naloxone): Max Dose = 24/6 mg/day
 - 2/0.5mg; 8/2.0mg: 3 films/day
 - 4/1.0mg; 12/3.0mg: 2 films/day
 - Subutex (buprenorphine): 2 tabs/day; Max Dose = 24 mg/day
 - Zubsolv (buprenorphine/naloxone): Max Dose = 17.2/4.2 mg/day
 - 0.7/0.18mg, 1.4/0.36mg, 2.9/0.71mg, 5.7/1.4mg: 3 tabs/day
 - 8.6/2.1mg: 2 tabs/day
 - 11.4/2.9mg: 1 tab/day
 - Sublocade: 300mg, 100mg
 - 300mg per month x 2 months, then 100mg per month.
 - Injections must be a minimum of 26 days apart.
- Counseling:** Treatment-naïve patients must be in treatment with a psychiatrist or certified addiction specialist. Narcotics Anonymous/Alcoholics Anonymous or other community based 12 step programs for a patient that is treatment-naïve is not sufficient when initiating treatment. Certification needed to obtain a XDEA certificate is not adequate alone.
- Tapering:** It is expected that tapering will be considered and attempted, if possible, during the authorization period. Each patient, in collaboration with the prescribing provider, must assess this during the authorization period.

Renewal of Therapy by the Prescriber:

- There is no life time limit for treatment.
- Requests for treatment beyond one year are reviewed on a case-by-case basis.
- Compliance with all aspects of treatment (plan of care and use of partial agonist, opioid abstinence, office visit attendance, and counseling participation) must be reported with all renewal requests.
- A Urine Drug Screen (UDS) must be submitted with all renewal requests (required to be less than 30 days old) and must include testing for the drug being used in MAT. An explanation for the absence of the treating drug and any positive findings must be provided. **Only UDS from commercial labs with printed report will be accepted. The UDS must include drugs of abuse and metabolites of buprenorphine. Handwritten UDS will not be accepted.**
- Requests for doses equal to or greater than the maximum daily dose must be explained for renewals beyond one year. In accordance with policy, it is anticipated that the patient will be treated with the lowest medically appropriate dose.

Transfer of Care Requests: Complete the **INITIATION OF THERAPY** portion of the request form. This is not considered a renewal.