

SUBOXONE (buprenorphine & naloxone)

GPI CODING:

652000102082** Suboxone films
652000102007** Suboxone sublingual tablets

DESCRIPTION:

Suboxone® (buprenorphine and naloxone) is FDA approved for the treatment of opiate dependence. It contains buprenorphine which is a semisynthetic partial mu-receptor agonist and weak kappa antagonist activity. Buprenorphine has partial agonist activity, high affinity to the mu-receptor and a slow receptor dissociation which means it does not induce tolerance, can block the activities of additional opioids, and the withdrawal symptoms are milder than that of a full agonist respectively. Its partial agonist activity diminished some of the toxicities allowing higher doses to be used for the purpose of prolonging the action. Patients with opioid or cocaine drug dependence have increased kappa-receptor activity and are not likely to experience dysphoria with buprenorphine alone. Naloxone is a potent antagonist at the mu-opioid receptors and is used in combination with buprenorphine to deter any misuse potential with the buprenorphine tablet formulation while maintaining its efficacy. For the treatment of opioid dependence, Suboxone® is used as maintenance therapy.

APPROVAL DURATION:

Suboxone renewals: 9 months
Suboxone initial therapy: 3 months

CRITERIA FOR SUBOXONE

For Suboxone requests for initial therapy:

- I. Patient has not been receiving Suboxone
- II. Patient is 16 years of age or older
- III. Patient has a diagnosis of opioid dependence
- IV. Prescriber is certified through SAMHSA (Substance Abuse and Mental Health Services Administration) to prescribe Suboxone (buprenorphine-naloxone) and provided registration number
- V. Prescription is part of an overall treatment program (e.g., self-help groups, counseling, provide ongoing care, vocational training)

For Suboxone requests for renewal therapy:

- I. Patient has been receiving Suboxone
- II. Patient is not receiving any other opioids
- III. Prescriber is evaluating random urine drug screens and assessment of the patient's progress (e.g., relapse, progress/accomplishment of treatment goals)
- IV. Patient is 16 years of age or older
- V. Patient has a diagnosis of opioid dependence
- VI. Prescriber is certified through SAMHSA (Substance Abuse and Mental Health Services Administration) to prescribe Suboxone (buprenorphine-naloxone) and provided registration number

**Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial**



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- VII. Prescription is part of an overall treatment program (e.g., self-help groups, counseling, provide ongoing care, vocational training)