

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Bunavail (buprenorphine and naloxone) buccal film	
BILLING CODE	Must use valid NDC code	
BENEFIT TYPE	Pharmacy	
SITE OF SERVICE ALLOWED	Home	
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred products include generic buprenorphine/naloxone sublingual tablets QUANTITY LIMIT— 30-day supply at a time only	
	Strength	Quantity Limit
	2.1 mg – 0.3 mg	1 film per day
	4.2 mg – 0.7 mg	2 films per day
	6.3 mg – 1 mg	2 films per day
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here	

Bunavail (buprenorphine and naloxone) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

OPIOID DEPENDENCE

For **initial** authorization:

1. All of the following:
 - a) The individual has failed an adequate trial of the preferred generic buprenorphine/naloxone sublingual tablets within the previous 120 days (*Note: Adequate trial is defined as at least 28 days of treatment*); AND
 - b) One of the following:
 - i) The member experienced therapeutic failure with the preferred generic buprenorphine/naloxone sublingual tablets (*Note: Brand and non-preferred buprenorphine agents will not be approved for members who report lesser efficacy as compared to the preferred generic buprenorphine sublingual tablets unless it would be clinically inappropriate to address efficacy with dose adjustment*); OR
 - ii) Generic sublingual tablets caused adverse outcome; AND
 - c) The prescriber has provided a copy and confirmation of a MedWatch form submission to the FDA documenting the therapeutic failure or adverse outcome experienced by the member (*Note: The MedWatch form is available at <https://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM163919.pdf>*)

OR

2. Both of the following:
 - a) The individual has a hypersensitivity reaction to an inactive ingredient in the preferred generic buprenorphine sublingual tablets; AND
 - b) The hypersensitivity reaction(s) is clearly documented in the member's medical record.
3. **Dosage allowed:** The maintenance dose of Bunavail buccal film is generally in the range of 2.1/0.3 mg buprenorphine/naloxone to 12.6/2.1 mg buprenorphine/naloxone per day. Dosages higher than this have not been demonstrated to provide any clinical advantage.

Additional Notes:

- GI upset or irritation is not generally considered an allergy or failed treatment. Members should be referred to their physician or pharmacist for advice on dose adjustment, and/or other options to reduce GI upset/irritation.
- Common documented side effects attributed to the drug (i.e., headache, nausea, blurred vision, fatigue, muscle aches) are not considered an allergy and would be expected to occur at the same level in both the generic and brand agent.
- Drug hypersensitivity symptoms may include skin rash, hives, itching, fever, swelling, shortness of breath, wheezing, runny nose, itchy and/or watery eyes, and in severe cases, anaphylaxis.

If member meets all the requirements listed above, the medication will be approved for lifetime.

CareSource considers Bunavail (buprenorphine and naloxone) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
06/21/2018	Generic buprenorphine-naloxone products prior authorization suspended and brand name formulations can be approved when criteria listed above are met.
10/08/2018	Previously used phrase “preferred generic buprenorphine/naloxone agent” clarified and applies only to generic buprenorphine/naloxone sublingual tablet. Clarifications entered.

References:

1. MedWatch: The FDA Safety Information and Adverse Event Reporting Program. Available at <http://www.fda.gov/safety/medwatch/default.htm>. Accessed November 30, 2017.
2. Bunavail [package insert]. Raleigh, NC: BioDelivery Sciences International, Inc.; 2002.

Effective date: 10/15/2018

Revised date: 10/08/2018