

## PHARMACY POLICY STATEMENT Indiana Medicaid

DRUG NAME	Zubsolv (buprenorphine and naloxone) sublingual tablets for sublingual administration															
BILLING CODE	Must use valid NDC code															
BENEFIT TYPE	Pharmacy															
SITE OF SERVICE ALLOWED	Home															
COVERAGE REQUIREMENTS	<p>Prior Authorization Required (Non-Preferred Product) Alternative preferred products include generic buprenorphine/naloxone agents QUANTITY LIMIT— 30-day supply at a time only</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Strength</th> <th style="width: 50%;">Quantity Limit</th> </tr> </thead> <tbody> <tr> <td>0.7 mg - 0.18 mg</td> <td>1 tab per day</td> </tr> <tr> <td>2.9 mg - 0.7 mg</td> <td>1 tab per day</td> </tr> <tr> <td>11.4 mg - 2.9 mg</td> <td>1 tab per day</td> </tr> <tr> <td>1.4 mg - 0.36 mg</td> <td>1 tab per day</td> </tr> <tr> <td>5.7 mg - 1.4 mg</td> <td>1 tab per day</td> </tr> <tr> <td>8.6 mg - 2.1 mg</td> <td>2 tabs per day</td> </tr> </tbody> </table>		Strength	Quantity Limit	0.7 mg - 0.18 mg	1 tab per day	2.9 mg - 0.7 mg	1 tab per day	11.4 mg - 2.9 mg	1 tab per day	1.4 mg - 0.36 mg	1 tab per day	5.7 mg - 1.4 mg	1 tab per day	8.6 mg - 2.1 mg	2 tabs per day
Strength	Quantity Limit															
0.7 mg - 0.18 mg	1 tab per day															
2.9 mg - 0.7 mg	1 tab per day															
11.4 mg - 2.9 mg	1 tab per day															
1.4 mg - 0.36 mg	1 tab per day															
5.7 mg - 1.4 mg	1 tab per day															
8.6 mg - 2.1 mg	2 tabs per day															
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>															

Zubsolv (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 agent 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 patient experienced therapeutic failure with the preferred generic buprenorphine/naloxone agent (Note: Brand buprenorphine agents will not be approved for patients who report lesser efficacy as compared to the preferred generic buprenorphine agent unless it would be clinically inappropriate to address efficacy with dose adjustment.); OR
    - ii) Generics caused adverse outcome; AND
  - c) The prescriber has provided confirmation of a MedWatch form submission to the FDA documenting the therapeutic failure or adverse outcome experienced by the patient (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 agent(s); AND
  - b) The hypersensitivity reaction(s) is clearly documented in the patient's medical record.

3. **Dosage allowed:** The maintenance dose of Zubsolv sublingual tablet is generally in the range of 2.9 mg/0.71 mg buprenorphine/naloxone to 17.2 mg/4.2 mg buprenorphine/naloxone per day. The recommended target dose is 11.4 mg/2.9 mg as a single daily dose. Dosages higher than 17.2 mg/4.2 mg buprenorphine/naloxone have not been demonstrated to provide any clinical advantage.

**Additional Notes:**

- GI upset or irritation is not generally considered an allergy or failed treatment. Patients 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 12 months.***

**For reauthorization:**

1. Member must be in compliance with initial criteria.

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.***

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

DATE	ACTION/DESCRIPTION
11/30/2017	Criteria created in collaboration with all Indiana managed care plans and approved by Indiana Medicaid DUR Board. Generic buprenorphine-naloxone products prior authorization suspended and brand name formulations can be approved when criteria listed above are met.

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. Zubsolv [package insert]. Morristown, NJ: Orexo US, Inc.; September, 2017.

Effective date: 02/01/2018

Revised date: 11/30/2017