# PHARMACY POLICY STATEMENT

**Ohio Medicaid**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>Probuphine (buprenorphine subdermal implant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILLING CODE</td>
<td>J0570</td>
</tr>
<tr>
<td>BENEFIT TYPE</td>
<td>Medical</td>
</tr>
<tr>
<td>SITE OF SERVICE ALLOWED</td>
<td>Office</td>
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<tr>
<td>COVERAGE REQUIREMENTS</td>
<td>Prior Authorization Required (Non-Preferred Product)</td>
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<tr>
<td>QUANTITY LIMIT</td>
<td>1 implant in each arm for 6 months each</td>
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<tr>
<td>LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY</td>
<td>Click Here</td>
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Probuphine (buprenorphine subdermal implant) is a **non-preferred** product and will only be considered for coverage under the **medical** 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. Member is 18 to 65 years of age; AND
2. Member has a documented diagnosis of opioid use disorder and/or other dependency in chart notes; AND
3. Medication must be prescribed by a DATA 2000 waivered physician with an appropriate DEA number associated with an “X” prefix or SAMHSA certified; AND
4. Member must participate in a comprehensive rehabilitation program that includes psychosocial treatment (Documentation of treatment plan and taper strategy not required, but verification upon request must be provided); AND
5. Member must have achieved and sustained prolonged clinical stability on 8 mg/day or less of transmucosal buprenorphine equivalent for at least 3 months without any need for supplemental doses or adjustments. The dose should not have been tapered down to a lower dose for the sole purpose of transitioning to the subdermal implant; AND
6. A documented reason as to why oral therapy should not be continued; AND
7. All REMS Program criteria must be met (see www.probuphinerems.com).
8. **Dosage allowed:** 1 implant in one arm for 6 months, 1 implant in the opposite arm for a total of 12 months of therapy. Implants should not be used for additional treatment cycles after one insertion in each upper arm.

*Note:* Use of buprenorphine subdermal implant (Probuphine) is limited to a total duration of 12 months (1 implant in each arm for 6 months each).

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

For **reauthorization**:
1. Probuphine will not be reauthorized.
CareSource considers Probuphine (buprenorphine subdermal implant) not medically necessary for the treatment of the diseases that are not listed in this document.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>06/21/2018</td>
<td>Policy for Probuphine modified into a new format.</td>
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</tbody>
</table>

References:
11. Ohio. 5122-29-35. Licensure to conduct an opioid agonist program.
12. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

Effective date: 08/31/2018
Revised date: 06/21/2018