Clinical Policy: Buprenorphine Implant/Injection (Probuphine, Sublocade)
Reference Number: CP.PHAR.289
Effective Date: 11.16.16
Last Review Date: 02.19
Line of Business: Commercial, Medicaid, HIM

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Buprenorphine (Probuphine®, Sublocade®) is a partial opioid agonist.

FDA Approved Indication(s)
Probuphine is indicated for the maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability on low-to-moderate doses of a transmucosal buprenorphine-containing product (i.e., doses of no more than 8 mg per day of Subutex or Suboxone sublingual tablet or generic equivalent).

Sublocade is indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that Probuphine and Sublocade are medically necessary when the following criteria are met:

I. Initial Approval Criteria
   A. Probuphine Implant (must meet all):
      1. Diagnosis of opioid dependence;
      2. Age ≥ 16 years;
      3. Currently on a maintenance dose of ≤ 8 mg/day of oral buprenorphine or buprenorphine-naloxone sublingual tablet or film (members should not be tapered down to a lower dose for the sole purpose of transitioning to Probuphine) for 3 months or longer without any need for supplemental dosing or adjustments;
      4. Medical justification supports inability to continue to use oral (e.g., sublingual, buccal) formulations of buprenorphine as evidenced by one of the following:
         a. Documentation of non-compliance to oral formulations of buprenorphine;
         b. Treatment failure with oral formulations of buprenorphine;
         c. History of diversion with buprenorphine medication-assisted treatment (MAT) products;
         d. Contraindication(s) or clinically significant adverse effects to the excipients of oral formulations of buprenorphine;
      5. Dose does not exceed 4 implants/6 months.
CLINICAL POLICY
Buprenorphine Implant/Injection

Approval duration: 6 months

B. Sublocade Injection (must meet all):
   1. Diagnosis of opioid dependence;
   2. Age ≥ 18 years;
   3. Currently on a dose of 8 to 24 mg/day of a buprenorphine or buprenorphine-naloxone
      sublingual tablet or film for 7 days or longer;
   4. Medical justification supports inability to continue to use oral (e.g., sublingual, 
      buccal) formulations of buprenorphine as evidenced by one of the following:
      a. Documentation of non-compliance to oral formulations of buprenorphine;
      b. Treatment failure with oral formulations of buprenorphine;
      c. History of diversion with buprenorphine MAT products;
      d. Contraindication(s) or clinically significant adverse effects to the excipients of 
         oral formulations of buprenorphine;
   5. Dose does not exceed 300 mg per month.

Approval duration: 6 months

C. Other diagnoses/indications
   1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT 
      specifically listed under section III (Diagnoses/Indications for which coverage is 
      NOT authorized): CP.CPA.09 for commercial and CP.PMN.53 for Medicaid and 
      HIM-Medical Benefit.

II. Continued Therapy
A. Probuphine Implant (must meet all):
   1. Currently receiving medication via Centene benefit or member has previously met 
      initial approval criteria;
   2. Member is responding positively to therapy;
   3. One of the following conditions is met (a or b):
      a. Member has NOT received an opioid analgesic since last approval;
      b. Prescriber submits documentation acknowledging that the use of opioid during the 
         last approval period was due to diagnosis of acute pain;
   4. Member has not had prior implants inserted in the contralateral arm (i.e., member has 
      not previously received 2 sets of implants [one set is defined as four implants per 
      arm]);
   5. Dose does not exceed 4 implants/6 months.

Approval duration: 6 months (a second [and last] set of four implants)

B. Sublocade Injection (must meet all):
   1. Currently receiving medication via Centene benefit or member has previously met 
      initial approval criteria;
   2. Member is responding positively to therapy;
   3. One of the following conditions is met (a or b):
      a. Member has NOT received an opioid analgesic since last approval;
      b. Prescriber submits documentation acknowledging that the use of opioid during the 
         last approval period was due to diagnosis of acute pain;
4. If request is for a dose increase, new dose does not exceed 300 mg per month.

Approval duration: 6 months

C. Other diagnoses/indications (must meet 1 or 2):
   1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.
      Approval duration: Duration of request or 6 months (whichever is less); or
   2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial and CP.PMN.53 for Medicaid and HIM-Medical Benefit.

III. Diagnoses/Indications for which coverage is NOT authorized:
   A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.CPA.09 for commercial and CP.PMN.53 for Medicaid and HIM-Medical Benefit or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
MAT: medication-assisted treatment

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosing Regimen</th>
<th>Dose Limit/Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine-naloxone (Suboxone)</td>
<td>Maintenance: Target dose: buprenorphine 16 mg/naloxone 4 mg once daily; dosage should be adjusted in increments or decrements of 2 mg/0.5 mg or 4 mg/1 mg to a level that maintains treatment and suppresses opioid withdrawal symptoms; usual range: 4 mg/1 mg to 24 mg/6 mg per day</td>
<td>24 mg/6 mg per day</td>
</tr>
<tr>
<td>sublingual (SL) or buccal dissolving film, SL tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bunavail® (buprenorphine-naloxone) buccal film</td>
<td>Maintenance: Target dose: buprenorphine 8.4 mg/naloxone 1.4 mg once daily; dosage should be adjusted in increments or decrements of 2.1 mg/0.3 mg to a level that maintains treatment and suppresses opioid withdrawal symptoms; usual range: 2.1 mg/0.3 mg to 12.6 mg/2.1 mg per day</td>
<td>12.6 mg/2.1 mg per day</td>
</tr>
<tr>
<td>Zubsolv® (buprenorphine-naloxone) SL tablet</td>
<td>Maintenance: Target dose: buprenorphine 11.4 mg/naloxone 2.9 mg once daily; dosage should be adjusted in increments or decrements of 2.9 mg/0.71 mg to a level that maintains treatment and suppression of opioid withdrawal symptoms; usual range: 2.9 mg/0.71 mg to 17.1 mg/4.2 mg per day</td>
<td>17.1 mg/4.2 mg per day</td>
</tr>
</tbody>
</table>
**Drug Name** | **Dosing Regimen** | **Dose Limit/Maximum Dose**  
---|---|---  
| suppresses opioid withdrawal symptoms; usual range: 2.9 mg/0.71 mg to 17.2 mg/4.2 mg per day |  

*Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.*

**Appendix C: Contraindications/Boxed Warnings**
- **Contraindication(s):**
  - Probuphine: hypersensitivity to buprenorphine or any other ingredients in Probuphine (e.g., EVA)
  - Sublocade: hypersensitivity to buprenorphine or any other ingredients in Sublocade
- **Boxed warning(s):**
  - Probuphine: implant migration, protrusion, expulsion, and nerve damage associated with insertion and removal; available only through a restricted program called the Probuphine REMS Program
  - Sublocade: risk of serious harm or death with intravenous administration; available only through a restricted program called the Sublocade REMS Program

**Appendix D: General Information**
- There is no clinical experience with insertion of Probuphine beyond a single insertion in each arm. It is important to avoid previously-implanted sites because the effect of scarring and fibrosis in previously-used insertion sites on either the effectiveness of Probuphine or the safety of insertion have not been evaluated. Following 1 insertion in each arm, most patients should be transitioned back to a transmucosal buprenorphine-containing product for continued treatment.

**Appendix E: Brand/Generic Transmucosal Formulations Equivalent to Subutex or Suboxone Sublingual Tablets Containing ≤ 8 mg of Buprenorphine**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Transmucosal* Formulation</th>
<th>Brand/ Generic†</th>
<th>Brand/ Generic Strength</th>
<th>Subutex/Suboxone Sublingual Tablet Strength</th>
<th>Buprenorphine/Naloxone§ Equivalency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine HCL</td>
<td>Tablet, sublingual</td>
<td>Generic</td>
<td>2 mg 8 mg</td>
<td>2 mg (Subutex) 8 mg (Subutex)</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine HCL/naloxone HCL</td>
<td>Tablet, sublingual</td>
<td>Generic</td>
<td>2 mg/0.5 mg 8 mg/2 mg</td>
<td>2 mg/0.5 mg (Suboxone) 8 mg/2 mg (Suboxone)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zubsovl</td>
<td>1.4 mg/0.36 mg 2.9 mg/0.71 mg 5.7 mg/1.4 mg</td>
<td>2 mg/0.5mg (Suboxone) 4 mg/1 mg (Suboxone) 8 mg/2 mg (Suboxone)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Film, buccal</td>
<td>Bunavail</td>
<td>2.1 mg/0.3 mg 4.2 mg/0.7 mg</td>
<td>4 mg/1 mg (Suboxone) 8 mg/2 mg (Suboxone)</td>
<td></td>
</tr>
</tbody>
</table>
### V. Dosage and Administration

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosing Regimen</th>
<th>Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine</td>
<td>Each dose consists of 4 implants inserted subdermally in the inner side of the upper arm. The implants are intended to be in place for 6 months. New implants may be inserted subdermally in an area of the inner side of either upper arm that has not been previously used at the time of removal, if continued treatment is desired. If new implants are not inserted on the same day as the removal of old implants, maintain patients on their previous dose of transmucosal buprenorphine prior to insert of the implant. Following 1 insertion in each arm, most patients should be transitioned back to a transmucosal buprenorphine-containing product for continued treatment.</td>
<td>4 implants/6 months</td>
</tr>
<tr>
<td>(Probuphine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Two monthly initial doses of 300 mg subcutaneously followed by 100 mg monthly maintenance doses</td>
<td>300 mg per month</td>
</tr>
<tr>
<td>(Sublocade)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### VI. Product Availability

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine</td>
<td>Ethylene vinyl acetate (EVA) implant, 26 mm in length and 2.5 mm in diameter, containing 74.2 mg of buprenorphine (equivalent to 80 mg of buprenorphine hydrochloride)</td>
</tr>
<tr>
<td>(Probuphine)</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Subcutaneous Injection: 100 mg/0.5 mL and 300 mg/1.5 mL provided in a prefilled syringe with a 19 Gauge 5/8-inch needle</td>
</tr>
<tr>
<td>(Sublocade)</td>
<td></td>
</tr>
</tbody>
</table>
VII. References

Reviews, Revisions, and Approvals

<table>
<thead>
<tr>
<th>Date</th>
<th>P&amp;T Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New policy created.</td>
<td>11.16 11.16</td>
</tr>
<tr>
<td>Converted to new template. Age requirement added; Safety criteria was applied according to the safety guidance discussed at CPAC and endorsed by Centene Medical Affairs, updated references.</td>
<td>9.17 11.17</td>
</tr>
<tr>
<td>1Q18 annual review: Policies combined for commercial and Medicaid lines of business; Commercial: removed requirement that member is not using concurrent opioid medications (including tramadol) from initial approval criteria; re-auth: added requirements related to absence/presence of opioid use since last approval; Medicaid: added age restriction as safety and effectiveness of Probuphine have not been established in children or adolescents &lt; 16 years of age; removed “No evidence or reports of illicit opioid use (confirmed with at least one random urine drug screen within the last 3 months), significant withdrawal symptoms, significant desire/need to use illicit opioids, hospitalizations, emergency room visits or crisis interventions for addiction or mental health issues, and non-adherence to clinic visits or drug abuse counseling as recommended”; removed requirement for participation in drug abuse counseling to shift the responsibility of appropriate monitoring and use to the prescriber; added requirement for medical justification to support why oral (e.g., sublingual, buccal) formulations of buprenorphine cannot be continued; re-auth: removed that if a supplemental buprenorphine containing product was prescribed, it was prescribed only intermittently rather than on an ongoing basis; References reviewed and updated.</td>
<td>11.09.17 02.18</td>
</tr>
<tr>
<td>Added criteria for Sublocade to policy.</td>
<td>01.09.18 05.18</td>
</tr>
<tr>
<td>1Q 2019 annual review: updated requirement related to medical justification; references reviewed and updated.</td>
<td>10.03.18 02.19</td>
</tr>
</tbody>
</table>
**Important Reminder**
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.
Note:
**For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**For Health Insurance Marketplace members**, when applicable, this policy applies only when the prescribed agent is on your health plan approved formulary. Request for non-formulary drugs must be reviewed using the formulary exception policy.

©2016 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.