

QUANTITY LIMIT CRITERIA

BRAND NAME
(generic)

BUNAVAIL
(buprenorphine and naloxone buccal film)

SUBOXONE
(buprenorphine and naloxone sublingual tablet and film)

ZUBSOLV
(buprenorphine and naloxone sublingual tablet)

Status: CVS Caremark Criteria
Type: Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Bunavail

Bunavail buccal film is indicated for the maintenance treatment of opioid dependence and should be used as part of a complete treatment plan to include counseling and psychosocial support.

Suboxone Tablet

Suboxone tablet is indicated for the treatment of opioid dependence.

Suboxone Film

Suboxone sublingual film is indicated for the maintenance treatment of opioid dependence and should be used as part of a complete treatment plan to include counseling and psychosocial support.

Zubsolv

Zubsolv sublingual tablet is indicated for treatment of opioid dependence and should be used as part of a complete treatment plan to include counseling and psychosocial support.

For all buprenorphine products:

Under the Drug Addiction Treatment Act (DATA) codified at 21 U.S.C. 823(g), prescription use of this product in the treatment of opioid dependence is limited to physicians who meet certain qualifying requirements, and who have notified the Secretary of Health and Human Services (HHS) of their intent to prescribe this product for the treatment of opioid dependence and have been assigned a unique identification number that must be included on every prescription.

LIMIT CRITERIA

Limits do not accumulate together, patient is allowed the maximum limit for each drug and strength.

Drug	1 Month Limit*	3 Month Limit*
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Buprenorphine-Naloxone Limit Policy

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Bunavail 2.1 mg/0.3 mg, 4.2 mg/0.7 mg	90 units / 25 days	270 units / 75 days
Bunavail 6.3 mg/1 mg	60 units / 25 days	180 units / 75 days
Suboxone 2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg	90 units / 25 days	270 units / 75 days
Suboxone 12 mg/3 mg	60 units / 25 days	180 units / 75 days
Zubsolv 0.7 mg/0.18 mg, 1.4 mg/0.36 mg, 2.9 mg/0.71 mg, 5.7 mg/1.4 mg	90 units / 25 days	270 units / 75 days
Zubsolv 8.6 mg/2.1 mg	60 units / 25 days	180 units / 75 days
Zubsolv 11.4 mg/2.9 mg	30 units / 25 days	90 units / 75 days
<i>*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.</i>		

REFERENCES

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3. Zubsolv [package insert]. Morristown, NJ: Orexo US, Inc.; December 2016.
4. Bunavail [package insert]. Raleigh, North Carolina: BioDelivery Sciences International, Inc.; January 2017.
5. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed January 2017.
6. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed January 2017.
7. American Society of Addiction Medicine National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use. <http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24>. Accessed January 2017.