buprenorphine (sublingual)

Policy # 00516
Original Effective Date: 01/01/2017
Current Effective Date: 01/01/2017

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage
Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:
- Benefits are available in the member's contract/certificate, and
- Medical necessity criteria and guidelines are met.

Based on review of available data, the Company may consider sublingual buprenorphine to be eligible for coverage when the below patient selection criteria are met:

Patient Selection Criteria
Coverage eligibility will be considered for sublingual buprenorphine when the following criteria are met:
- Patient has a diagnosis of opioid dependence; AND
- One of the following:
  - The patient is being treated for induction therapy; OR
  - The patient has moderate to severe hepatic impairment; OR
  - The patient is being treated for maintenance therapy because she is pregnant or breastfeeding

(Note: The above three bullet points are additional Company requirements for coverage eligibility and will be denied as not medically necessary** if not met)

When Services Are Considered Not Medically Necessary
Based on review of available data, the Company considers the use of sublingual buprenorphine for purposes other than induction therapy, unless the patient has moderate to severe hepatic impairment OR unless the patient is pregnant or breastfeeding, to be not medically necessary.**

When Services Are Considered Investigational
Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of sublingual buprenorphine for purposes other than the treatment of opioid dependence to be investigational.*

Background/Overview
Sublingual buprenorphine may be better recognized as Subutex, however Subutex is no longer manufactured. Only the generic version, sublingual buprenorphine, is currently available. Sublingual buprenorphine is indicated for the treatment of opioid dependence and is preferred for induction therapy. There are instances where this drug can be used beyond induction therapy. These instances include those
buprenorphine (sublingual)

Policy # 00516
Original Effective Date: 01/01/2017
Current Effective Date: 01/01/2017

with severe hepatic impairment OR females that are being treated, but are pregnant or breastfeeding. Buprenorphine is a drug that has the potential to be used off-label; therefore it is important to determine the intended use of this medication on the prescription benefit.

FDA or Other Governmental Regulatory Approval
U.S. Food and Drug Administration (FDA)
Sublingual buprenorphine is indicated for the treatment of opioid dependence and is preferred for induction therapy.

Rationale/Source
The purpose of this policy is to ensure that sublingual buprenorphine is being used in accordance with its labeled indication as well as in accordance with nationally accepted guidelines for the treatment of opioid dependence.

References

Policy History
Original Effective Date: 01/01/2017
Current Effective Date: 01/01/2017
08/04/2016 Medical Policy Committee review
08/17/2016 Medical Policy Implementation Committee approval. New policy.
Next Scheduled Review Date: 08/2017

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

† Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.