Buprenorphine and Buprenorphine/Naloxone

Goals:

- Prevent use of high-dose transmucosal buprenorphine products for off-label indications.

Length of Authorization:

- Up to 6 months

Requires PA:

- Transmucosal buprenorphine products that exceed an average daily dose of 24 mg per day

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. Is the diagnosis funded by the OHP?	**Yes:** Go to #2	**No:** Pass to RPh. Deny; not funded by OHP
2. Is the prescription for opioid use disorder (opioid dependence or addiction)?	**Yes:** Go to #3	**No:** Pass to RPh. Deny; medical appropriateness
3. Is the prescription for a transmucosal formulation of buprenorphine (film, tablet) with an average daily dose of more than 24 mg (e.g., >24 mg/day or >48 mg every other day)?	**Yes:** Pass to RPh. Deny; medical appropriateness	**No:** Go to #4
4. Is the requested medication a preferred agent?	**Yes:** Approve for anticipated length of treatment or 6 months, whichever is less. Note: Notify prescriber concomitant naloxone is recommended if not present in claims history.	**No:** Go to #5
5. Will the prescriber switch to a preferred product? Note: Preferred products are reviewed for comparative safety and efficacy by the Oregon Pharmacy and Therapeutics Committee.	**Yes:** Inform prescriber of covered alternatives in class.	**No:** Approve for anticipated length of treatment or 6 months, whichever is less. Note: Notify prescriber concomitant naloxone is recommended if not present in claims history.

P&T/DUR Review: *12/20 (DM); 11/19; 1/19; 1/17; 9/16; 1/15; 9/09; 5/09*
Implementation: *1/1/2020; 3/1/2019; 4/1/2017; 9/1/13; 1/1/10*