New Hampshire Medicaid Fee-for-Service Program

Buprenorphine/Naloxone and Buprenorphine (Oral) Criteria

Approval Date: January 26, 2023

Medication

Brand Name	Generic Name	Dosage Strengths
Suboxone®	buprenorphine/naloxone	2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, 12 mg/3 mg (SL tablet and film)
generic	buprenorphine	2 mg, 8 mg
Zubsolv®	buprenorphine/naloxone	0.7/0.18 mg, 1.4/0.36 mg, 2.9/0.71 mg, 5.7/1.4 mg, 8.6/2.1 mg, 11.4/2.9 mg sublingual tablets

Preferred buprenorphine/naloxone products for doses of 24 mg/day or less do not require a prior approval (PA).

Criteria for Approval

Buprenorphine/Naloxone Products for Doses Above 24 mg/Day

1. Diagnosis of opiate use disorder; **AND**
2. Patient is receiving substance use disorder counseling; **AND**
3. A substance use disorder assessment has been performed; **AND**
4. Patient is ≥ 16 years of age; **AND**
5. Attestation that the New Hampshire Prescription Drug Monitoring Program (PDMP) has been reviewed within the last 60 days; **AND**
6. For non-rebate participating National Drug Codes (NDCs), must try and fail or not be a candidate for 2 rebate-participating NDCs.

Buprenorphine Single Agent Products

1. Diagnosis of opiate use disorder; **AND**
2. Patient is receiving substance use disorder counseling; **AND**
3. A substance use disorder assessment has been performed; **AND**
4. Patient is ≥ 16 years of age; **AND**
5. Attestation that the New Hampshire PDMP has been reviewed within the last 60 days; **AND**
6. Patient is pregnant or lactating **OR** there is documentation of allergic reaction to buprenorphine/naloxone combination product (please provide type of reaction and date); **AND**
7. For non-rebate participating NDCs, must try and fail or not be a candidate for 2 rebate-participating NDCs.

Criteria for Denial

1. Criteria for approval not met
2. Use for pain management
3. Patient is on concurrent opioid medication
4. Patient is on concurrent methadone treatment

Length of Authorization: 12 months

- Non-Preferred drugs on the preferred drug list (PDL) require additional PA.

Dispensing Limits: 32 mg/day

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date
Pharmacy and Therapeutic Committee	New	04/16/2009
Commissioner	Approval	05/12/2009
DUR Board	Revision	03/22/2010
Commissioner	Approval	04/30/2010
DUR Board	Revision	03/23/2011 tabled until next DUR meeting
DUR Board	Revision	06/15/2011
Commissioner	Approval	09/29/2011

Reviewed by	Reason for Review	Date
DUR Board	Revision	06/18/2012
Commissioner	Approval	07/10/2012
N/A	New drug to market	09/02/2014
N/A	New drug to market	01/28/2015
DUR Board	Revision	05/31/2016
Commissioner	Approval	06/18/2016
DUR Board	Revision	09/27/2018
Commissioner Designee	Approval	11/27/2018
DUR Board	Revision	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Revision	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022
DUR Board	Revision	12/13/2022
Commissioner Designee	Approval	01/26/2023