

Medical Coverage Policy | Buprenorphine for Treatment of Opioid Dependence



EFFECTIVE DATE: 01 | 01 | 2017

POLICY LAST UPDATED: 06 | 04 | 2019

OVERVIEW

Buprenorphine is a partial μ -opioid agonist used with or without naloxone, an opioid antagonist, via transmucosal delivery to treat patients with opioid dependence (or a moderate-to-severe opioid use disorder). Though effective, a clinical strategy of using transmucosal buprenorphine is prone to nonadherence, diversion, abuse, and accidental misuse. To lower these risks and to improve adherence, Braeburn Pharmaceuticals devised buprenorphine (Probuphine), an implant to provide sustained delivery of buprenorphine for up to 6 months when 4 rods are inserted subdermally. It is intended as a maintenance treatment for a selected subgroup of opioid-dependent patients who are clinically stable on a low dose of transmucosal buprenorphine (≤ 8 mg/d). These implants are inappropriate for new treatment recipients or those who have not sustained and prolonged clinical stability, while being maintained on a generic equivalent.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Buprenorphine subdermal implants is considered medically necessary for individuals who have been diagnosed with opioid dependence; have been treated with a stable transmucosal buprenorphine dose without any need for supplemental dosing or adjustments; are currently on a maintenance dose of a sublingual Subutex or Suboxone tablet or its transmucosal buprenorphine product equivalent to achieve sustained prolonged clinical stability and implants will be used as part of a comprehensive substance use disorder treatment program that includes counseling and psychosocial support.

Use of buprenorphine implants greater than 2 times per lifetime is not medically necessary as the the FDA labeling prohibits use after two 6-month doses

Under the Drug Addiction Treatment Act (DATA) codified at 21 United States Code (U.S.C.) 823(g), 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 or dispense this product for the treatment of opioid dependence and have been assigned a unique identification number that must be included on every prescription

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage for applicable physician administered drug benefits/coverage.

BACKGROUND

Buprenorphine is among the main options in a medication-assisted treatment strategy for opioid dependence. Transmucosal buprenorphine products have a potential for diversion to an illicit drug market and have resulted in accidental poisonings of small children.¹ To minimize the misuse, Braeburn Pharmaceuticals developed Probuphine, an implantable buprenorphine that would be difficult to divert or abuse, and would

less likely be accidentally ingested by children. Further, it would maximize adherence passively for 6 or 12 months.

The initial new drug application (NDA) submitted by Braeburn in October 31, 2012, sought approval of buprenorphine implants for initial treatment of patients with opioid dependence after just a few days of titration on a transmucosal formulation. The Food and Drug Administration issued a complete response letter for this NDA, stating that, although the two 6-month trials met the prespecified end points, the dose provided by the implant was too low to be effective for patients new to buprenorphine treatment.² However, data from a subset of patients showed that 4 buprenorphine implants yielded buprenorphine concentrations similar to those observed with sublingual buprenorphine 4 to 8 mg based on average exposure (eg, mean area under the receiver operating characteristic curve values) or concentration. Thus, a subset of patients stabilized on sublingual buprenorphine 8 mg or less could benefit from buprenorphine implants, which is the current target population for which these implants are approved.

For individuals who are addicted to opioids but stable on low-to-moderate doses of transmucosal buprenorphine who receive buprenorphine implants, the evidence includes 1 randomized controlled trial. Relevant outcomes are change in disease status, morbid events, health status measures, medication use, and treatment-related morbidity. In the pivotal trial, the proportion of patients who reported for no more than 2 out of 6 months any evidence of illicit opioid use was similar between the buprenorphine implant arm (63%) and the sublingual buprenorphine arm (64%). The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome in a selected subgroup of patients.

REGULATORY STATUS

On May 26, 2016, buprenorphine (Probuphine; Braeburn Pharmaceuticals) was approved by the U.S. Food and Drug Administration (FDA) through the new drug application process for the maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability on low-to-moderate doses of an agent containing transmucosal buprenorphine (ie, doses of ≤ 8 mg/d of Subutex or Suboxone sublingual tablet or generic equivalent).

PROBUPHINE is available only through a restricted program under a REMS, called the PROBUPHINE REMS Program, because of the risk of complications of migration, protrusion and expulsion, and nerve damage associated with the insertion and removal of PROBUPHINE [see Warnings and Precautions]. Healthcare Providers who Prescribe PROBUPHINE must be certified with the program by enrolling and completing live training. Patients must be monitored to ensure that PROBUPHINE is removed by a healthcare provider certified to insert PROBUPHINE implants. PROBUPHINE will only be distributed to certified prescribers through a restricted distribution program

CODING

BlueCHiP for Medicare and Commercial Products

The following codes are covered

G0516 Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)

G0517 Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)

G0518 Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)

J0570 Buprenorphine implant, 74.2 mg

RELATED POLICIES

None

PUBLISHED

Provider Update August 2019

Provider Update August 2018

Provider Update December 2017

REFERENCES:

1. Notes from the Field: Emergency Department Visits and Hospitalizations for Buprenorphine Ingestion by Children – United States, 2010-2011” Centers for Disease Control and Prevention, January 25, 2013.
2. FDA Briefing Information for the January 12, 2016 Meeting of the Psychopharmacologic Drugs Advisory Committee U.S. Food and Drug Administration. .
<http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PsychopharmacologicDrugsAdvisoryCommittee/UCM480732.pdf>. Accessed September 6.
3. FDA Slides for the January 12, 2016 Meeting of the Psychopharmacologic Drugs Advisory Committee. U.S. Food and Drug Administration. .
<http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PsychopharmacologicDrugsAdvisoryCommittee/UCM482605.pdf>. Accessed September 6.
4. Braeburn Briefing Information for the January 12, 2016 Meeting of the Psychopharmacologic Drugs Advisory Committee. U.S. Food and Drug Administration. .
<http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PsychopharmacologicDrugsAdvisoryCommittee/UCM480733.pdf>. Accessed September 6.
5. Braeburn Slides for the January 12, 2016 Meeting of the Psychopharmacologic Drugs Advisory Committee. U.S. Food and Drug Administration. .
<http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PsychopharmacologicDrugsAdvisoryCommittee/UCM482606.pdf>. Accessed September 6.
6. PROBUPHINE (buprenorphine) implant for subdermal administration CIII. Initial U.S. Approval: 2002. Braeburn Pharmaceuticals. <http://probuphine.com/wp-content/uploads/2016/02/final-approved-pi.pdf>. Accessed September 6.
7. Rosenthal RN, Lofwall MR, Kim S, et al. Effect of buprenorphine implants on illicit opioid use among abstinent adults with opioid dependence treated with sublingual buprenorphine: a randomized clinical trial. JAMA. Jul 19 2016;316(3):282-290. PMID 27434441
8. Rosenthal RN, Ling W, Casadonte P, et al. Buprenorphine implants for treatment of opioid dependence: randomized comparison to placebo and sublingual buprenorphine/naloxone. Addiction. Dec 2013;108(12):2141-2149. PMID 23919595
9. Ling W, Casadonte P, Bigelow G, et al. Buprenorphine implants for treatment of opioid dependence: a randomized controlled trial. JAMA. Oct 13 2010;304(14):1576-1583. PMID 20940383
10. Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. J Addict Med. Sep-Oct 2015;9(5):358-367. PMID 26406300

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