# New Hampshire Medicaid Fee-for-Service Program Buprenorphine/Naloxone and Buprenorphine (Oral) Criteria

**Approval Date: June 5, 2025**

## 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<br>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 |
| DUR Board | Revision | 05/07/2024 |
| Commissioner Designee | Approval | 06/10/2024 |
| DUR Board | Revision | 04/08/2025 |
| Commissioner Designee | Approval | 06/05/2025 |