Outpatient Detoxification (Detox)
Buprenorphine (Suboxone® or Subutex®) Maintenance Program

Frequently Asked Questions (FAQ)

1. **What is buprenorphine and how do the monotherapy and combination products Suboxone® or Subutex® work?**

Buprenorphine is a semi-synthetic opiate with partial agonist actions at the mu opioid receptor and ORL1/nociceptin receptor and antagonist actions at the kappa opioid receptor. In October 2002, the food and Drug Administration (FDA) approved buprenorphine monotherapy product, Subutex®, and a buprenorphine/naloxone combination product, Suboxone®, for use in opiate addiction treatment. Again, Suboxone® is a combination of two medications: buprenorphine and naloxone while Subutex® only contains buprenorphine without any naloxone. The naloxone has been added to Suboxone® to decrease the possibility of diversion and abuse. With the naloxone included, Suboxone® blocks the effects of most other opiates and minimizes withdrawal symptoms by partially blocking the opioid mu receptor.

2. **Why is buprenorphine (Suboxone® or Subutex®) prescribed?**

There are an estimated several million individuals who are abusing prescription medications, resulting in a dramatic increase in the number of people addicted to or dependent on opioids. Buprenorphine at the appropriate dose may be used to reduce illicit opioid use and help patients stay in treatment by suppressing symptoms of opioid withdrawal and decreasing cravings for opioids.

Buprenorphine (Suboxone® or Subutex®) may be prescribed on an outpatient basis, allowing individuals to remain in the community and participating in routine activities during treatment.

3. **Under what level of care is it prescribed and how?**

Buprenorphine (Suboxone® or Subutex®) has been approved by the FDA since 2002 and can be prescribed by qualified physicians for the treatment of individuals with opioid addiction. It can be prescribed and monitored on an outpatient basis with the medication taken in the privacy of a patient's home. This alternative pathway allows individuals with opioid dependence to receive treatment in a discreet and convenient manner.

4. **What qualifications are required for a physician to become certified to administer buprenorphine?**

Buprenorphine can be prescribed in the physician's office for the treatment of opioid dependence (i.e., outside of the traditional clinic setting) by qualified physicians who hold a waiver from the special registration requirements defined in the Controlled Substances Act. Requirements for this waiver include such criteria as current state licensure, addiction certification or completion of a training program approved by SAMHSA. Once registered, the physician can initially treat up 30 patients at any one time. After one year a physician may treat up to 100 patients at any one time.

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1 Information regarding buprenorphine, the waiver and buprenorphine prescribing certification is located on SAMSA’s website at [http://buprenorphine.samhsa.gov/](http://buprenorphine.samhsa.gov/).
5. What steps should a physician take to become credentialed for the new Outpatient Detox/Buprenorphine Maintenance Program with ValueOptions®?

ValueOptions® contracted physicians may update their participation credentials to include certification for buprenorphine (Suboxone® or Subutex®) prescribing authority by visiting the ‘News’ section of the ValueOptions® website at http://www.valueoptions.com/providers/ProNews.htm or contacting the National Provider Line at (800) 397-1630 to obtain a buprenorphine credentials form. The completed form along with a current copy of a DEA certificate with the appropriate endorsement should be faxed to ValueOptions® Credentialing – Buprenorphine at 1-866-612-7784.

For those providers who wish to become a ValueOptions® participating provider, please contact the National Provider Line at (800) 397-1630 to receive application information.

6. Whom should a provider contact in order to receive additional information and materials about the Outpatient Detox/Buprenorphine (Suboxone® or Subutex®) Maintenance Program?

The News section of the ValueOptions® website http://www.valueoptions.com/providers/ProNews.htm contains information about the program. Providers may also call the National Provider Line at (800) 397-1630.

7. In terms of contractual paperwork, what can providers expect to receive?

ValueOptions® contracted physicians and other providers with physician members who are licensed/certified to prescribe and provide buprenorphine treatment will receive a contract addendum regarding these services, the appropriate code and payment rate(s).

Physicians and providers who are not contracted with ValueOptions® must contact ValueOptions® to register Suboxone treatment for the induction phase of the program with a Single Case Agreement (SCA). A SCA request will need to be processed.

If a physician or provider is interested in joining our network please contact the ValueOptions® Provider line at 800-397-1630 in order to receive a credentialing application.

8. What ValueOptions® clients will be offering the Outpatient Detox/Buprenorphine (Suboxone® or Subutex®) Maintenance Program to their members?

Please call ValueOptions® to verify if a member has coverage for this treatment prior to beginning the induction phase of the care.

9. What are the ValueOptions® Treatment Guidelines for the Outpatient Detox/Buprenorphine (Suboxone® or Subutex®) Maintenance Program treatment?

ValueOptions® has treatment guidelines for the Outpatient Detox/Buprenorphine (Suboxone® or Subutex®) Maintenance Program. There are 3 generally recognized phases to this treatment:

1. IOP/Detox phase
2. Induction/Detox phase– Outpatient basis in a physician’s office
3. Maintenance phase

In addition to the medication therapy, counseling and self-help groups are frequently recommended during any or all of these 3 phases.

The standard protocol, depending on patient history, characteristics, usage patterns, etc., may be for approximately one week of an Intensive Outpatient Program (IOP) for detox/induction, followed by approximately 6 months of outpatient stabilization/maintenance sessions. Under ideal conditions, discontinuation of the medication should occur when a patient has achieved the maximum benefit from treatment and no longer requires continued treatment to maintain a drug-free lifestyle. In some situations, a physician may feel that a patient is not progressing satisfactorily and may discontinue buprenorphine (Suboxone® or Subutex®) and offer an alternative treatment modality. The maintenance sessions would come from the member’s standard outpatient benefits. Again, providers can call the number on the back of the member’s identification card to verify outpatient benefits.

10. What authorization or certification process should be followed for the Outpatient Detox/Buprenorphine (Suboxone® or Subutex®) Maintenance Program?

   a. IOP/Detox phase
      i. If there is an IOP used – would follow standard auth protocol process
   b. Induction/Detox phase – Outpatient basis in a physician’s office
      i. No auth required unless otherwise determined by the member’s benefit plan.
   c. Maintenance phase
      i. Auth required as determined by the member’s normal outpatient benefit plan.

11. Please verify what diagnosis codes are included in the Outpatient Detox/Buprenorphine (Suboxone® or Subutex®) Maintenance Program.

   304.01 OPIOID TYPE DEPENDENCE, CONTINUOUS USE
   304.02 OPIOID TYPE DEPENDENCE, EPISODIC USE
   304.03 OPIOID TYPE DEPENDENCE, IN REMISSION
   304.00 OPIOID TYPE DEPENDENCE, UNSPECIFIED USE

12. What effects does Parity Law have on the Outpatient Detox/Buprenorphine (Suboxone® or Subutex®) Maintenance Program?

Coverage for treatment of opioid dependence using buprenorphine (Suboxone® or Subutex®) may vary by benefit plan. Providers should contact ValueOptions® for questions regarding coverage under a Member’s benefit plan prior to initiation of non-emergency services.

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2 The alternative to going into (or continuing) a maintenance phase, once stabilization has been achieved, is medically supervised withdrawal.
3 Authorization or certification requirements vary by benefit plan.
4 ICD-9 codes are subject to change in the event of change pursuant to release of ICD-10 or subsequent versions.
References

