



DATE: October 4, 2021

TO: Third Party/Pharmacy

FROM: Pharmacy Network Management
MedImpact Healthcare Systems

SUBJECT: Update regarding out-of-stock brand name Suboxone - Statewide formulary for Opioid Dependence Agents and Opioid Antagonists

BIN: 003585
PCN: ASPROD1
Group: VNS03
Name: VNSNY CHOICE

Per the New York State Executive Budget for State Fiscal Year 2020/2021 and per Social Services Law, the Department of Health (DOH) is required to institute a single statewide outpatient formulary for Opioid Dependence Agents and Opioid Antagonists for both Medicaid Managed Care Plans and Fee-For-Service, **effective October 1, 2021**.

Social Services Law citation: Social Services Law (SOS), Section 367-a (7) (e) •

Formulary Structure and Criteria: See the chart below and the link to the New York State Medicaid Fee-For-Service Preferred Drug List (Table XVI, p. 61) for formulary structure and clinical criteria. https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

Opioid Antagonists**

| Preferred | Non-Preferred | Coverage Parameters |
|---|---------------|---------------------|
| naloxone (syringe, vial) naltrexone Narcan | None | n/a |

Opioid Dependence Agents - Injectable**

| Preferred | Non-Preferred | Coverage Parameters |
|-----------------------|---------------|---------------------|
| Sublocade Vivitrol | None | n/a |



Opioid Dependence Agents - Oral/Transmucosal**

| Preferred | Non-Preferred | Coverage Parameters |
|---|---|---|
| buprenorphine Suboxone (film)*** buprenorphine/naloxone tablet | Bunavail buprenorphine/naloxone film Zubsolv | <p>CLINICAL CRITERIA (CC): • PA required for initiation of opioid therapy for patients on established opioid dependence therapy.</p> <p>QUANTITY LIMIT (QL): • buprenorphine sublingual (SL): Six tablets dispensed as a 2-day supply; not to exceed 24 mg per day</p> <p>• buprenorphine/ naloxone tablet and film (Bunavail™, Suboxone®, Zubsolv® up to 5.7 mg/1.4 mg strength): Three sublingual tablets or films per day; maximum of 90 tablets or films dispensed as a 30-day supply; not to exceed 24 mg-6 mg of Suboxone, or its equivalent per day</p> <p>• buprenorphine/naloxone tablet (Zubsolv® 8.6 mg/2.1 mg strength): Maximum of 60 tablets dispensed as a 30-day supply</p> <p>• buprenorphine/naloxone tablet (Zubsolv® 11.4 mg/2.9 mg strength): Maximum of 30 tablets dispensed as a 30-day supply</p> |

All agents are subject to FDA approved quantity/frequency/duration limits. * A new prescription is not required when a member is switching from the generic product to the brand product, consistent with the Medicaid FFS Brand Less Than Generic Program (BLTG). The prescription will have a generic copayment and does not require 'Dispense as Written' (DAW) or 'Brand Medically Necessary' on the prescription. This applies to Suboxone only.

Prior Authorization (PA) coverage parameters for Opioid Antagonists and Opioid Dependence Agents:

- PA is required for all non-preferred/non-formulary agents
- PA may be required if utilization is inconsistent with FDA package labeling such as if frequency/quantity/duration limits are exceeded

PA required for initiation of opioid therapy for patients on established opioid dependence therapy.



Update- Billing Instructions for Suboxone:

Update: If a pharmacy is out of stock of brand name Suboxone and the member needs the medication, the pharmacist should contact MedImpact or the MC plan for a one-time override to allow for the generic equivalent to be dispensed until the brand is restocked.

- Pharmacies should work with their wholesalers to adjust their inventory of brand name Suboxone
 - Suboxone Film is preferred as Brand Less Than Generic (BLTG) effective 10/1/2021. Use DAW9.
 - When the generic NDC (buprenorphine/naloxone film) is submitted, the claim will deny with MedImpact message: DISPENSE BRAND, USE DAW 9.
 - When a generic NDC (buprenorphine/naloxone film) is submitted the National Council for Prescription Drug Programs (NCPDP) reject code message is Code 606.

| Code Type | CODE Message |
|-------------------|---|
| MedImpact | DISPENSE BRAND: USE DAW 9 |
| NCPDP Reject Code | 606 Brand drug/specific labeler code required |

More information from NYS DOH will be published through the August 2021

[Medicaid Update Article](#)

(https://www.health.ny.gov/health_care/medicaid/program/update/main.htm)

Prescribers can initiate a PA request by contacting SelectHealth:

- Phone No. 1-888-678-7741
- Submit NYS Medicaid Prior Authorization Request Form for Prescriptions request form: <https://www.vnsnychoice.org/for-health-professionals-overview/all-forms/>

NYS DOH has met with and communicated with wholesalers to ensure Brand name Suboxone film is available for members on 10/1/2021.

