North Carolina
Medicaid Special Bulletin

An Information Service of the

Division of Medical Assistance

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November 2017

Attention:
Pharmacists and Prescribers

Opioid Dependence Therapy Agents Coverage Changes

Effective Nov. 1, 2017, **Suboxone Film** (the preferred product in this class) will no longer require a prior approval for coverage. The beneficiary must be receiving the medication for a diagnosis of Opioid Dependence and the prescriber must have a special DEA number that begins with "X". The maximum covered daily dose is 24 mg/day.

For coverage of **Bunavail Film** (non-preferred), the beneficiary must be receiving the medication for a diagnosis of opioid dependence and the prescriber must have a special DEA number that begins with "X". The beneficiary must have tried and failed on Suboxone Film or have a documented medical reason why they cannot use Suboxone Film. The maximum covered daily dose is 12.6mg/day.

For coverage of **buprenorphine-naloxone sublingual tablets** (non-preferred), the beneficiary must be receiving the medication for a diagnosis of opioid dependence and the prescriber must have a special DEA number that begins with "X". The beneficiary must have tried and failed on Suboxone Film or have a documented medical reason why they cannot use Suboxone Film. The maximum covered daily dose is 24mg/day.
For coverage of **Zubsolv** (non-preferred), the beneficiary must be receiving the medication for a diagnosis of opioid dependence and the prescriber must have a special DEA number that begins with "X". The beneficiary must have tried and failed on Suboxone Film or have a documented medical reason why they cannot use Suboxone Film. The maximum covered daily dose is 17.1mg/day.

A prior approval is required for coverage of **buprenorphine sublingual tablets** (single ingredient), which are also non-preferred. The prescriber must have a special DEA number that begins with "X" and the beneficiary must be unable to take Suboxone Film. Acceptable reasons include: beneficiaries who are pregnant or nursing, (documentation should be provided with the prior approval request) and beneficiaries with an allergy to naloxone (documentation should be provided with the prior approval request), which includes the following signs and symptoms: rashes, hives, pruritus, bronchospasm, angioneurotic edema and/or anaphylactic shock. Initial requests and renewal requests require documentation as to why the beneficiary cannot use a combination product.

Requests for **buprenorphine** (single ingredient) may be approved for up to nine months during pregnancy and in two month increments thereafter during breast feeding. The maximum daily dose covered is 24 mg/day. Initial requests and renewals require documentation as to why the beneficiary cannot use a combination (buprenorphine-naloxone) product. Requests for buprenorphine (single ingredient) product may be approved for up to 12 months for beneficiaries with a documented allergy to naloxone. The maximum daily dose covered is 24 mg/day. Initial requests and renewal requests require documentation as to why the beneficiary cannot use a combination (buprenorphine-naloxone) product.

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