



## Statewide Formulary for Opioid Dependence Agents and Opioid Antagonists

Effective December 1, 2020, per the enacted New York State Executive Budget for State Fiscal Year 2020-2021 and in accordance to § 367-a (7) (e) of Social Services Law, the Department of Health (DOH) is implementing a single statewide formulary for Opioid Antagonists and Opioid Dependence Agents for [Medicaid Managed Care Plans](#) and Medicaid Fee for Service (FFS).

Under this statewide formulary (listed below), Medicaid FFS and Medicaid Managed Care (MC) members will follow a single formulary, where coverage parameters are consistent across the Medicaid Program and preferred products are available without prior authorization (PA).

### Single Statewide Formulary – Effective 12/1/2020\*

#### Opioid Antagonists\*\*

Preferred	Non-Preferred	Coverage Parameters
naloxone (syringe, vial) naltrexone Narcan (nasal spray)	None	

#### Opioid Dependence Agents - Oral/Transmucosal\*\*

Preferred	Non-Preferred	Coverage Parameters
buprenorphine Suboxone***	Bunavail buprenorphine/naloxone film	<b>CLINICAL CRITERIA (CC):</b> <ul style="list-style-type: none"> <li>PA required for initiation of opioid therapy for patients on established opioid dependence therapy.</li> </ul> <b>QUANTITY LIMIT (QL):</b> <ul style="list-style-type: none"> <li><b>buprenorphine sublingual (SL):</b> Six tablets dispensed as a 2-day supply; not to exceed 24 mg per day</li> <li><b>buprenorphine/ naloxone tablet and film (Bunavail™, Suboxone®, Zubsolv® up to 5.7 mg/1.4 mg strength):</b> 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</li> <li><b>buprenorphine/naloxone tablet (Zubsolv® 8.6 mg/2.1 mg strength):</b> Maximum of 60 tablets dispensed as a 30-day supply</li> <li><b>buprenorphine/naloxone tablet (Zubsolv® 11.4 mg/2.9 mg strength):</b> Maximum of 30 tablets dispensed as a 30-day supply</li> </ul>
buprenorphine/naloxone tablet	Zubsolv	

## Opioid Dependence Agents - Injectable\*\*

Preferred	Non-Preferred	Coverage Parameters
Sublocade Vivitrol	None	

\*Assumes a CMS approved State Plan Amendment.

\*\*All agents are subject to FDA approved quantity/frequency limits.

\*\*\*A new prescription is not required when a member is switching from the generic product to the brand product, consistent with the [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.

### Medicaid Managed Care Billing:

- MC members will continue to access these medications by presenting their plan card to the pharmacy.
- PA is required for all non-preferred agents. Providers should contact the MC plan to obtain authorization when necessary. Contact information may be found here: <https://mmcdruginformation.nysdoh.suny.edu/>

### FFS Billing:

- FFS members will continue to access these medications by presenting their Medicaid benefit card to the pharmacy.
- PA is required for all non-preferred agents.
- Pursuant to the BLTG program prescription claims submitted to the Medicaid program **do not require** the submission of Dispense as Written/Product Selection Code of '1'; **Pharmacies should submit DAW code 9** (Substitution Allowed by Prescriber but Plan Requests Brand). Pharmacies will receive a NCPDP reject response of "22" which means missing/invalid DAW code if other DAW codes are submitted. The only exception to this, is DAW code 1 and "*Brand Medically Necessary*" written on the prescription.

Questions related to FFS billing may be referred to CSRA (800)343-9000.

Questions related to FFS PA requirements may be referred to Magellan (877)309-9493.

Questions related to MC billing or PA requirements should be referred to the [plan](#).