Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	ΤN	тх	WA
Applicable	N/A	N/A	N/A	N/A	N/A	N/A	Х	N/A						

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01Buprenorphine/Naloxone

Based on Louisiana Medicaid Fee For Service Prior Authorization Criteria: <u>http://www.lamedicaid.com/provweb1/Pharmacy/Physician_Sub.pdf</u>

Override(s)	Approval Duration
Prior Authorization	
Quantity Limit	

Medications	Status	Strength	Quantity Limit
Buprenorphine with naloxone Sublingual	Preferred	8 mg – 2 mg	2 tablets per day (maintenance dose limit, 16 mg buprenorphine per day)
Tablet		2 mg – 0.5 mg	8 tablets per day (maintenance dose limit, 16 mg buprenorphine per day)
			24 mg per day –initial 3 months therapy (for all strengths – 12 SL tablets per day for 2 mg/0.5 mg, 3 SL tablets per day for 8 mg/2 mg)
Suboxone (buprenorphine with naloxone) Sublingual Film	Preferred	2 mg – 0.5 mg	8 films per day (maintenance dose limit, 16 mg buprenorphine per day)
		4 mg – 1 mg	4 films per day (maintenance dose limit, 16 mg buprenorphine per day)
		8 mg - 2 mg	2 films per day (maintenance dose limit, 16 mg buprenorphine per day)
		8 mg – 2 mg	1 film per day (maintenance dose limit, 16 mg buprenorphine per day)
		12 mg – 3 mg	24 mg per day – initial 3 months therapy (for all strengths – 12 films per day for 2 mg/0.5 mg, 3 films per day for 8 mg/2 mg)

PAGE 1 of 3 06/01/2017 New Program Date 06/01/2017 This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply. WEBPLA-0137-17

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	ΤN	тх	WA
Applicable	N/A	N/A	N/A	N/A	N/A	N/A	Х	N/A						

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Medications	Status	Strength	Quantity Limit
Zubsolv (buprenorphine with naloxone)	Non- Preferred	0.7 mg-0.18 mg	16 tablets per day (maintenance dose limit, 11.4 mg/2.9 mg per day)
		2.9 mg – 0.7 mg	3 tablets per day (maintenance dose limit, 11.4 mg/2.9 mg per day)
		11.4 mg – 2.9 mg	1 tablet per day (maintenance dose limit, 11.4 mg/2.9 mg per day)
		11.4 mg – 2.3 mg	8 tablets per day (maintenance dose limit, 11.4 mg/2.9 mg per day)
		1.4 mg – 0.36 mg	2 tablets per day (maintenance dose limit, 11.4 mg/2.9 mg per day)
		5.7 mg – 1.4 mg	1 tablet per day (maintenance dose limit, 11.4 mg/2.9 mg per day)
		8.6 mg – 2.1 mg	17.1 mg/4.2 mg per day – initial 3 months therapy (for all strengths – 12 SL tablets per day for 1.4 mg/0.35 mg, 6 SL tablets per day for 2.9 mg/0.71 mg, 3 SL tablets per day for 5.7 mg/1.4 mg, 2 SL tablets per day for 8.6 mg/2.1mg, 1 SL tablet per day for 11.4 mg/2.9 mg)
Bunavail (buprenorphine with naloxone)	Non- Preferred	2.1 mg – 0.3 mg	4 buccal films per day (maintenance dose limit, 8.4 mg/1.4 mg per day) 2 buccal films per day (maintenance dose limit, 8.4 mg/1.4 mg per day)
		4.2 mg – 0.7 mg	1 buccal film per day (maintenance dose limit, 8.4 mg/1.4 mg per day)
		6.3 mg – 1 mg	12.6 mg/2.1 mg per day – initial 3 months therapy (for all strengths – 6 films per day for 2.1 mg/0.3 mg, 3 films per day for 4.2 mg/0.7 mg, 2 films per day for 6.2 mg/1 mg)

PAGE 2 of 3 06/01/2017 New Program Date 06/01/2017 This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KΥ	LA	MD	NJ	NV	NY	ΤN	тх	WA
Applicable	N/A	N/A	N/A	N/A	N/A	N/A	Х	N/A						
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APPROVAL CRITERIA

Requests for all buprenorphine with naloxone products may be approved for individuals who meet the following criteria:

- I. Individual is 16 years of age or older; AND
- II. Individual has been diagnosed with opioid use disorder; AND
- III. Prescriber must be a physician; AND
- IV. Prescriber must have an "X" DEA number; AND
- V. Individual will not use in combination with any opioid analgesic or benzodiazepine

Requests for all non-preferred buprenorphine with naloxone products (Bunavail, and Zubsolv) may be approved for individuals who meet the following criteria:

- I. Individual meets one of the following:
 - A. Individual has been on the requested product in the previous 180 days OR
 - B. Individual has had a trial of one preferred buprenorphine with naloxone agent (current preferred agents: buprenorphine/naloxone sublingual tablets, Suboxone film) in the previous 180 days.