

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	NA	NA	NA	NA	X	NA	NA

Buprenorphine/Naloxone – New Jersey Medicaid

Override	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Status	Strength	Quantity Limit*
Buprenorphine with naloxone Sublingual Tablet	Preferred	8mg – 2mg	4 tablets per day
		2mg – 0.5mg	16 tablets per day
Buprenorphine with naloxone Sublingual Film	Preferred	2mg – 0.5mg	16 films per day
		4mg – 1mg	8 films per day
		8mg – 2mg	4 films per day
		12mg – 3 mg	2 films per day
Suboxone film (buprenorphine with naloxone sublingual film) (Brand)	Non-Preferred	2mg – 0.5mg	16 films per day
		4mg – 1mg	8 films per day
		8mg – 2mg	4 films per day
		12mg – 3 mg	2 films per day
Zubsolv** (buprenorphine with naloxone)	Non-Preferred	0.7mg-0.18mg	32 tablets per day
		1.4mg – 0.36mg	16 tablets per day
		2.9mg – 0.71mg	7 tablets per day
		5.7mg – 1.4mg	4 tablets per day
		8.6mg – 2.1 mg	2 tablets per day
		11.4mg – 2.9mg	2 tablets per day
Bunavail** (buprenorphine with naloxone)	Non-Preferred	2.1mg – 0.3mg	8 buccal films per day
		4.2mg – 0.7mg	4 buccal films per day

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. CRX-ALL-0477-19

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		6.3mg – 1mg	2 buccal films per day
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**Per New Jersey State Requirement, maximum daily dose is 32 mg per day Suboxone equivalent.*

***Bunavail and Zubsolv doses based on prescribing information detailing corresponding Suboxone doses for each agent.*

Criteria for use of buprenorphine/naloxone – 4/1/19

Requests for **preferred** buprenorphine/naloxone agents at doses less than 32 mg per day Suboxone equivalent will not require prior authorization. Requests for non-preferred agents must follow Criteria for use of non-preferred agent below.

Criteria for use of non-preferred agent

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

- I. Individual has had a trial of one preferred buprenorphine with naloxone agent (current preferred agents: buprenorphine/naloxone sublingual tablets and buprenorphine/naloxone sublingual film).