

# Pharmacy Update

October 6, 2021

## Update: Single Statewide Formulary for Opioid Dependence Agents and Opioid Antagonists

BlueCross BlueShield of Western New York

**RXBIN: 020107**

**RXPCN: AC, QN**

**RXGRP: WKKA, WK2A**

Per the New York State Executive Budget for State Fiscal Year 2020-2021 and per Social Services Law (SOS), Section 367-a (7) (e), the NYS Department of Health (DOH) has instituted a single statewide outpatient formulary for Opioid Dependence Agents and Opioid Antagonists for both Medicaid Managed Care (MMC) plans and Fee-For-Service, effective October 1, 2021.

Formulary structure and clinical criteria details for the single statewide outpatient formulary for Opioid Dependence Agents and Opioid Antagonists can be found at Table XVI (p. 61) of [https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_PDL.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf), and is also outlined in the charts on page 2 of this document.

Supply of brand Suboxone filmtab: In preparation of this statewide Medicaid formulary change, NYS DOH met with wholesalers to ensure adequate stock of brand Suboxone filmtab will be available for Medicaid members to ensure no disruption for members in obtaining substance use disorder treatment starting October 1, 2021.

- What to do if out of brand name Suboxone i.e.
  - If a pharmacy is out of stock of Suboxone (brand name) and the member needs the medication the pharmacist should contact the MMC plan for a one-time override to allow the generic product to pay. The MMC plan has the ability to provide the one-time override directly to the pharmacist without prescriber intervention.
- Pharmacies should work with their wholesalers to adjust their inventory of brand name Suboxone

\* CVS is an independent company providing pharmacy services on behalf of BlueCross BlueShield of Western New York. Pharmacy network participation varies by plan.

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**This update applies to:**  
All Network Pharmacies

**State(s):**  
New York

**Line of Business:**  
Medicaid

**Pharmacy Inquiries:**  
If you have questions, call the Pharmacy Help Desk number provided in the claim response or **833-252-0328** if one is not provided.

**Payer Sheets:**  
For additional claim processing information, refer to the CVS\* Caremark Payer Sheets at [www.caremark.com/pharminfo](http://www.caremark.com/pharminfo)  
> NCPDP Payer Sheets.

For additional details and information from NYS DOH, please refer to the August 2021 Medicaid Update Article that can be found at [https://www.health.ny.gov/health\\_care/medicaid/program/update/main.htm](https://www.health.ny.gov/health_care/medicaid/program/update/main.htm).

## Single Statewide Formulary – Effective 10/1/2021

### Opioid Antagonists<sup>1</sup>

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

### Opioid Dependence Agents - Injectable<sup>1</sup>

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

### Opioid Dependence Agents - Oral/Transmucosal<sup>1</sup>

Preferred	Non-Preferred	Coverage Parameters
buprenorphine  Suboxone <sup>2</sup>  buprenorphine/naloxone tablet	Bunavail  buprenorphine/naloxone film  Zubsolv	<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>

<sup>1</sup> All agents are subject to FDA approved quantity/frequency/duration limits.

<sup>2</sup> 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) will be required for all non-preferred/non-formulary agents. PA will also be required if utilization is inconsistent with FDA package labeling such as the frequency/quantity/duration limits listed in the above charts.

**Billing Instructions:**

Non-preferred generic buprenorphine/naloxone filmtab will reject with the following or similar message:

Code Type	Code	Message
NCPDP Reject Code	606	Brand drug/specific labeler code required
NCPDP Reject Code	75	Brand required instead of generic equivalent. Bill brand using DAW9

When submitting the preferred Brand drugs on page 2, please use the following DAW code.

Code Type	Code*	Code Description
DAW Code	9	Substitution allowed by Prescriber – Plan Request Brand

\* DAW-1 will also be permissible if the prescription is marked with “Dispense as Written” by the prescriber.

Failure to submit DAW 9 on the preferred Brand drugs will result in the following or similar reject:

Code Type	Code	Message
NCPDP Reject Code	22	M/I Dispense as Written Code