



DATE: March 4, 2022

TO: Third Party/Pharmacy

FROM: Pharmacy Network Management
MedImpact Healthcare Systems

SUBJECT: Updated Guidance - Statewide Formulary for Opioid Dependence Agents and Opioid Antagonists

BIN: 003585

PCN: ASPROD1

Group: VNS03

Name: VNSNY CHOICE

Per the New York State Executive Budget for State Fiscal Year 2020/2021 and per Social Services Law §367-a (7)(e), the Department of Health (DOH) is required to institute a single statewide outpatient formulary for Opioid Dependence Agents and Opioid Antagonists for both Medicaid Managed Care Plans and Fee-For-Service.

On December 22, 2021, Governor Hochul signed Chapter 720 of the Laws of 2021, which amends Social Services Law and the Public Health Law, in relation to medication for the treatment of substance use disorders. **Effective March 22, 2022**, prior authorization will not be required for medications used for the treatment of substance use disorder prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder. **Prescriptions written outside of accepted guidelines may be subject to prior authorization.**

A Single Statewide Medication Assisted Treatment (MAT) formulary was implemented on October 1, 2021, in accordance with §367-a (7)(e) of Social Services Law. The [Single Statewide Medication Assisted Treatment formulary](#) aligns coverage parameters across Fee-for-Service (FFS) and Medicaid Managed Care.

Formulary Structure and Criteria: See the chart below for VNSNY CHOICE SelectHealth MAT Formulary and the link to the New York State Medicaid Fee-For-Service Preferred Drug List (Table XVI, p. 61) for formulary structure and clinical criteria.

https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf



Opioid Antagonists***

Drugs	Coverage Parameters
naloxone (syringe, vial) naltrexone Narcan (nasal spray) naloxone nasal spray* Kloxxado	QUANTITY LIMIT (QL): • naloxone nasal spray (Narcan®): Two units per fill

Opioid Dependence Agents - Injectable

Drugs	Coverage Parameters
Sublocade Vivitrol	n/a

Opioid Dependence Agents - Oral/Transmucosal**

Drugs	Coverage Parameters
Buprenorphine (tablet) buprenorphine/naloxone tablet Suboxone (film) buprenorphine/naloxone film Zubsolv	CLINICAL CRITERIA (CC): • PA required for initiation of opioid therapy for patients on established opioid dependence therapy. • PA required for initiation of a CNS stimulant for patients established on an opioid (including MAT)** QUANTITY LIMIT (QL): • buprenorphine sublingual (SL): Six tablets dispensed as a 2-day supply; not to exceed 24 mg per day • buprenorphine/naloxone tablet and film (Suboxone®, Zubsolv® up to 5.7 mg/1.4 mg strength): 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 • buprenorphine/naloxone tablet (Zubsolv® 8.6 mg/2.1 mg strength): Maximum of 60 tablets dispensed as a 30-day supply • buprenorphine/naloxone tablet (Zubsolv® 11.4 mg/2.9 mg strength): Maximum of 30 tablets dispensed as a 30-day supply

*Add to formulary 3/22/2022

**Nov 2021 DURB recommendation-implementation 3/22/2022

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



Prior Authorization (PA) coverage parameters for Opioid Antagonists and Opioid Dependence Agents:

- PA may be required if utilization is inconsistent with FDA package labeling such as if frequency/quantity/duration limits are exceeded

PA required for initiation of a Central Nervous System (CNS) stimulant for patients established on opioid treatment (including MAT).

PA required for initiation of opioid therapy for patients on established opioid dependence therapy.

Update - Billing Instructions for Brand when generic exists:

Suboxone will no longer be preferred over other drugs in the class. **DAW Code of 9 will no longer be accepted for Suboxone claims.** Pharmacists should use a DAW code that corresponds with how the prescription is written.

Pharmacies will receive the following NCPDP message when the appropriate DAW code is **not submitted** in field 408-D8:

Code Type	CODE Message
MedImpact	USE GENERIC OR RESUBMIT CLAIM WITH APPROPRIATE DAW
NCPDP Reject Code	PRODUCT SERVICE NOT COVERED – PLAN BENEFIT EXCLUSION

Reminder to Prescribers - Effective March 22, 2022, prescriptions for a brand name multi-source drug will be filled with a generic equivalent, as required by New York State Social Services and Education Law, unless the prescriber indicates “Dispense as Written (DAW)”, and “Brand Medically Necessary” on the prescription. The prescriber must also make a notation in the Medicaid member’s medical record that the drug is “brand medically necessary,” and the reason that a brand name multi-source drug is required.

More information at [Medicaid Update Article](https://www.health.ny.gov/health_care/medicaid/program/update/main.htm)
(https://www.health.ny.gov/health_care/medicaid/program/update/main.htm)

Prescribers can initiate a PA request by contacting SelectHealth:

- Phone No. 1-888-678-7741
- Submit NYS Medicaid Prior Authorization Request Form for Prescriptions request form: <https://www.vnsnychoice.org/for-health-professionals-overview/all-forms/>

For pharmacy billing questions please call: 1-800-788-2949.