

May 1<sup>st</sup>, 2019

## **\*\*\*IMPORTANT HUB (OTP) CHANGES FOR BUPRENORPHINE PRODUCTS\*\*\***

### **NEW PA LIMIT FOR SUBOXONE FILM**

Effective 5/1/19, the dose limit for **Suboxone Film** requiring prior authorization has been raised from **16mg to 24mg**. Patients on a dose of 24mg or less will NOT require prior authorization. If the patient requires a dose exceeding 24mg per day, a prior authorization will still be required. Documentation to support using a dose greater than the FDA recommended maximum will need to accompany the request, and these will be routed to a DVHA Medical Director for review. Providers are reminded that Suboxone when prescribed for opioid dependency (its only FDA approved indication) is designed to be dosed once daily. Daily doses should be made up of the fewest number of dosage units possible. Films should never be divided as the child protection is then lost for the remainder of the dose.

### **BUPRENORPHINE/NALOXONE TABLETS ADDED**

Effective 1/1/19, Buprenorphine/Naloxone combination tablets have been added as a covered product by Vermont Medicaid for use in the HUB setting. This change resulted from provider feedback and is part of an effort to better align clinical criteria for both HUB and SPOKE sites of service. Use of buprenorphine/naloxone tablets requires prior authorization, and approval will be granted if the following criteria are met: FDA MedWatch form has been submitted documenting a provider-observed reaction to Suboxone films severe enough to require discontinuation; and documentation of measures tried to mitigate/manage symptoms.

The following Buprenorphine/Naloxone SL Tab NDC's are now approved for use in the HUBS.

**J0572 (2mg Tabs):** 00054-0188-13, 00228-3154-73, 00406-1923-03, 50268-0144-11, 50268-0144-15, 50383-0294-93, 62756-0969-83, and 65162-0416-03

**J0574 (8mg Tabs):** 00054-0189-13, 00228-3155-67, 00228-3155-73, 00406-1924-03, 00406-8020-03, 50268-0145-11, 50268-0145-15, 50383-0287-93, 62756-0970-83, and 65162-0415-03



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**HUB facilities have until 6/01/2019 to order and stock Buprenorphine/naloxone tablets.** After that time, Buprenorphine mono tablets will only be approved if one of the following criteria are met:

- Patient is pregnant and copy of positive pregnancy test has been submitted (duration of PA will be one 1 month post anticipated delivery date).
- Patient is breastfeeding an opioid dependent baby and history from the neonatologist or pediatrician has been submitted.
- MedWatch form has been submitted documenting a provider-observed reaction to Suboxone films AND buprenorphine/naloxone combination tablets severe enough to require discontinuation. Documentation of measures tried to mitigate/manage symptoms is also required.

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Providers can also send inquiries via email to [PBA\\_VTHelpdesk@changehealthcare.com](mailto:PBA_VTHelpdesk@changehealthcare.com). Thank you for your continued support of Vermont's pharmacy benefit programs.

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