



Statewide Formulary for Opioid Dependence Agents and Opioid Antagonists

10/1/2021 New information highlighted below

Effective **October 1, 2021**, per the enacted New York State Executive Budget for State Fiscal Year 2020-2021 and in accordance to § 367-a(7) (e) of Social Services Law, the Department of Health (DOH) is implementing a single statewide formulary for Opioid Antagonists and Opioid Dependence Agents for [Medicaid Managed Care Plans](#) and Medicaid Fee for Service (FFS).

Under this statewide formulary (listed below), Medicaid FFS and Medicaid Managed Care (MC) will:

- follow a single formulary, where coverage parameters are consistent across the Medicaid Program, preferred products are available without prior authorization (PA) when prescribed consistent with FDA package labeling and non-preferred products require PA; and,
- use standard clinical criteria for approval of a non-preferred drug in accordance § 273 (3) (a) of Public Health Law.

Single Statewide Formulary – Effective 10/1/2021

Opioid Antagonists*

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

Opioid Dependence Agents - Injectable*

Preferred	Non-Preferred	Coverage Parameters
Sublocade Vivitrol	None	N/A

Opioid Dependence Agents - Oral/Transmucosal*

Preferred	Non-Preferred	Coverage Parameters
buprenorphine Suboxone** buprenorphine/naloxone tablet	Bunavail buprenorphine/naloxone film Zubsolv	CLINICAL CRITERIA (CC): <ul style="list-style-type: none"> PA required for initiation of opioid therapy for patients on established opioid dependence therapy. QUANTITY LIMIT (QL): <ul style="list-style-type: none"> buprenorphine sublingual (SL): Six tablets dispensed as a 2-day supply; not to exceed 24 mg per day buprenorphine/ naloxone tablet and film (Bunavail™, 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

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

**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.

Medicaid Managed Care Billing:

- MC members will continue to access these medications by presenting their plan card to the pharmacy.
- PA is required for all non-preferred agents. Providers should contact the MC plan to obtain authorization when necessary. Contact and billing information may be found here: <https://mmcdruginformation.nysdoh.suny.edu/>
- Managed Care Plans will message pharmacy providers about utilizing the brand product Suboxone instead of the generic alternative, consistent with FFS
 - Managed Care Plans will provide guidance on DAW Code requirements
 - Managed Care Plans will reimburse claims consistent with brand drug reimbursement for Suboxone
 - If a pharmacy is out of stock of brand name Suboxone and the member needs the medication, the pharmacist should contact the MC plan for a one-time override to allow for the generic equivalent to be dispensed until the brand is restocked.

FFS Billing:

- FFS members will continue to access these medications by presenting their Medicaid benefit card to the pharmacy.
- PA is required for all non-preferred agents. Providers should contact Magellan plan to obtain authorization when necessary. Contact and billing information may be found here: <https://newyork.fhsc.com/>

- Pursuant to the Brand Less Than Generic (BLTG) program prescription claims submitted to the Medicaid program:
 - Message pharmacy providers about utilizing the brand product Suboxone instead of the generic alternative
 - Reimburses claims consistent with FFS approved drug reimbursement for brand name drugs

Pharmacies will receive the following National Council for Prescription Drug Programs Implementation (NCPDP) messages for the Product/Service ID, field 407-D7, when a generic NDC is submitted:

Code Type	Code	Message	Field	Resources
NCPDP Reject Code	78*	Cost Exceeds Maximum	FIELD 511-FB REJECT CODE	NCPDP Companion Guide
NCPDP Response Code/Message	421**	Dispense Brand Drug Instead of Generic Equivalent	FIELD 526-FQ ADDITIONAL MESSAGE INFORMATION: Insert MEVS Response Code	eMedNY ProDUR Manual

*NYS DOH is exploring the use of the updated NCPDP Reject Code 606: 'Brand drug/specific labeler code required'. NYS DOH will provide updated billing guidance if/when use of that NCPDP Reject Code becomes available in FFS.

**Medicaid Eligibility Verification System (MEVS) Response Code, see [eMedNY ProDUR Manual](#)

Do not require the submission of **Dispense as Written (DAW)/Product Selection Code of '1'**, but **does require** submission **DAW Code of '9'** in field **408-D8**:

Code Type	Code	Code Description	Field
DAW Code	9	Substitution allowed by Prescriber – Plan Request Brand	408-D8

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

Code Type	Code	Message	Field
NCPDP Reject Code	22	M/I Dispense as Written Code	408-D8

Questions and Additional Resources

- Single Statewide Medication Assisted Treatment (MAT) Formulary website can be found at the following link: <https://newyork.fhsc.com/providers/mat.asp>
- MC billing and/or PA requirement questions should be referred to the following website: <https://mmcdruginformation.nysdoh.suny.edu/>.
- FFS billing questions should be directed to General Dynamics Information Technology Company (GDIT) at **(800) 343-9000**.
- FFS PA requirement questions should be directed to Magellan at **(877) 309-9493**.
- FFS policy questions should be directed to the Medicaid Pharmacy Policy unit at ppno@health.ny.gov
- FFS Brand Less Than Generic (BLTG) Program information can be found at: https://newyork.fhsc.com/providers/BLTGP_about.asp