

Pharmacy Update

March 16, 2022

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

	Empire BlueCross BlueShield HealthPlus
RXBIN	020107
RXPCN	AC
RXGRP	WKKA

On December 22, 2021, Governor Hochul signed Chapter 720 of the Laws of 2021. This law amends Social Services Law and the Public Health Law, in relation to medication for the treatment of substance use disorders. Given this amendment, the NYS Department of Health updated its single statewide outpatient formulary for Opioid Dependence Agents and Opioid Antagonists for both Medicaid Managed Care (MMC) plans and Fee-For-Service, **effective March 22, 2022.**

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:

newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf, and is also outlined in the charts on page 2 of this document.

PLEASE NOTE: With the **March 22, 2022** updates, brand Suboxone film was removed from the State’s brand-less-than-generic program. Therefore, Dispense as Written (DAW) code ‘9’ will no longer be accepted for brand Suboxone film prescriptions written without a “Dispense as Written” by the Prescriber. Prescriptions for a brand name multi-source drug will be filled with a generic equivalent, as required by NYS Education Law, unless the Prescriber indicates, “Dispense as Written”, and 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. Brand Narcan prescription will also require “Dispense as Written” by the Prescriber.

Supply of generic Suboxone film: In preparation of this statewide Medicaid formulary change, pharmacies should ensure enough supply of buprenorphine/naloxone film to avoid disruption for members in obtaining substance use disorder treatment starting **March 22, 2022.**

* CVS is an independent company providing pharmacy services on behalf of Empire BlueCross BlueShield HealthPlus. Pharmacy network participation varies by plan.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvshhealth.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of-sale issues, network enrollment forms, and amendments to the Provider Manual.

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a Caremark Document within the meaning of the Provider Manual.
 NYEPEC-3167-22 March 2022

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
> NCPDP Payer Sheets.

- What to do if out of generic Suboxone?
 - If a pharmacy has difficulty obtaining buprenorphine/naloxone film timely and the member needs the medication, the pharmacist can submit the claim for brand Suboxone with a DAW-4 and contact the MMC plan pharmacy helpdesk for a one-time override to allow the brand product to pay.
- Pharmacies should work with their wholesalers to adjust their inventory of buprenorphine/naloxone film

For additional details and information from NYS DOH, please refer to the February 2022 Medicaid Update Article that can be found at www.health.ny.gov/health_care/medicaid/program/update/main.htm.

Single Statewide Formulary – Effective 3/22/2022

Opioid Antagonists

Prior authorization will not be required when prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder diagnosis.

Drugs		Coverage Parameters
[naloxone (syringe, vial) Naltrexone (syringe, vial) Narcan (nasal spray) naloxone nasal spray Kloxxado]]		n/a

Opioid Dependence Agents - Injectable

Drugs	Coverage Parameters
[Sublocade Vivitrol]	[n/a]

Opioid Dependence Agents - Oral/Transmucosal

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a Caremark Document within the meaning of the Provider Manual.

Drugs	Coverage Parameters
[buprenorphine tablet] [buprenorphine/naloxone (tablet)] [Suboxone film] [buprenorphine/naloxone film] [Zubsolv]	<p>[QUANTITY LIMIT (QL):</p> <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 <p>RELATED CLINICAL CRITERIA (CC):</p> <ul style="list-style-type: none"> • 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 opioid dependence therapy]

Prior Authorization (PA) will be if utilization is inconsistent with FDA package labeling such as the frequency/quantity/duration limits listed in the above charts.

Copay:

Copay for the Medication-Assisted Treatment (MAT) drugs in the above chart will be as follows:

All brand products: \$3.00

All generic products: \$1.00

Billing Instructions:

Pharmacies will receive the following reject message when the appropriate DAW code is not submitted in NCPDP field 408-D8 for a brand name multi-source drug:

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