

Pharmacy Update

October 6, 2021

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

Empire BlueCross BlueShield HealthPlus

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, 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 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-3008-21 October 2021

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.

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.

Single Statewide Formulary – Effective 10/1/2021

Opioid Antagonists¹

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

Opioid Dependence Agents - Injectable¹

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

Opioid Dependence Agents - Oral/Transmucosal¹

Preferred	Non-Preferred	Coverage Parameters
buprenorphine Suboxone ²	Bunavail buprenorphine/naloxone film	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):

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

² 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.

buprenorphine/naloxone tablet	Zubsolv	<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
-------------------------------	---------	--

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 film tab 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