

Opiate Dependence Agents

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD - Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DS – Maximum Days’ Supply Allowed	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of Other Medication is Required	X – Prescriber Must Have ‘X’ DEA Number
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medication is Restricted	ER – Early Refill	RX – Specific Prescription Requirement	

Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

POS Edits

AL – The agents listed in the table to the right are limited to use in recipients who meet specific age requirements.	Minimum Age Requirements	
	Generic (Brand Example)	Minimum Age
	Buprenorphine (Probuphine®)	16 years
	Buprenorphine (Sublocade®)	18 years
	Buprenorphine SL	16 years
	Buprenorphine/Naloxone (Bunavail®, Suboxone®, Zubsolv®)	16 years
	Lofexidine (Lucemyra®)	18 years
	Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	18 years
	Naltrexone Tablet	18 years
CU – Incoming prescriptions will deny when the recipient has an active prescription on file for another agent. An active prescription is a prescription in which the days' supply has not expired. These agents are monitored at POS for concurrent use with other agents. <ul style="list-style-type: none"> - Concurrent Incoming pharmacy claims for a buprenorphine-containing agent used for opiate dependence will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for an opioid analgesic, benzodiazepine and/or any buprenorphine-containing agent prescriptions will deny. - Incoming pharmacy claims for a Concurrent buprenorphine buprenorphine-containing agents used for opiate dependence will deny when the recipient has an active prescription for and naltrexone prescriptions will deny. 		
DD – Pharmacy claims for naltrexone tablets or naltrexone extended-release injectable suspension (Vivitrol®) will deny for drug-drug interaction when the recipient has an active prescription (a prescription in which the days' supply has not expired) for an opioid.		
DS – Pharmacy claims for lofexidine tablets are limited to a 14-day supply per 6-month period.		
DX – Pharmacy claims for some agents must be submitted with an appropriate diagnosis code. <ul style="list-style-type: none"> - Pharmacy claims for all buprenorphine opiate dependence agents (single-ingredient and combination) must be submitted with a diagnosis code for opioid dependence (F11.2*). - Pharmacy claims for lofexidine (Lucemyra®) must be submitted with a diagnosis code for ONE of the following: <ul style="list-style-type: none"> o Opioid abuse with withdrawal – F11.13 o Opioid dependence with withdrawal – F11.23 o Opioid use, unspecified with withdrawal – F11.93 - Pharmacy claims for naltrexone tablets or naltrexone extended-release injectable suspension (Vivitrol®) must be submitted with either a diagnosis code for opioid dependence (F11.2*) or alcohol dependence (F10.2*). 		

* Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code

POS Edits

MD – The following agents are limited to a maximum daily dose:

- Buprenorphine agents (single-ingredient and combination) are limited to a maximum daily dose of 24mg per day of buprenorphine or buprenorphine equivalent. Refer to specific product prescribing information for buprenorphine equivalence charts
- Lofexidine 0.18mg tablet is limited to a maximum daily dose of 2.88mg (16 tablets)

	Quantity Limits	
	Generic (Brand Example)	Quantity Limit
QL – Some agents have quantity limits as listed in the chart to the right.	Buprenorphine Implant Kit (Probuphine®)	2 kits/720 days
	Buprenorphine Extended-Release Injection (Sublocade®)	1 unit/30 days
	Buprenorphine SL Tablet 2mg	2 units/day
	Buprenorphine SL Tablet 8mg	3 units/day
	Buprenorphine/Naloxone 2.1mg/0.3mg (Bunavail®)	1 unit/day
	Buprenorphine/Naloxone 4.2mg/0.7mg (Bunavail®)	3 units/day
	Buprenorphine/Naloxone 6.3mg/1mg (Bunavail®)	2 units/day
	Buprenorphine/Naloxone 2mg/0.5mg SL Tab (Suboxone®)	2 units/day
	Buprenorphine/Naloxone 2mg/0.5mg SL Film (Suboxone®)	1 unit/day
	Buprenorphine/Naloxone 4mg/1mg SL Film (Suboxone®)	1 unit/day
	Buprenorphine/Naloxone 8mg/2mg SL Film/Tab (Suboxone®)	3 units/day
	Buprenorphine/Naloxone 12mg/3mg SL Film (Suboxone®)	2 units/day
	Buprenorphine/Naloxone SL Tablet 0.7mg/0.18mg (Zubsolv®)	1 unit/day
	Buprenorphine/Naloxone SL Tablet 1.4mg/0.36mg (Zubsolv®)	1 unit/day
	Buprenorphine/Naloxone SL Tablet 2.9mg/0.71mg (Zubsolv®)	1 unit/day
	Buprenorphine/Naloxone SL Tablet 5.7mg/1.4mg (Zubsolv®)	3 units/day
	Buprenorphine/Naloxone SL Tablet 8.6mg/2.1mg (Zubsolv®)	2 units/day
	Buprenorphine/Naloxone SL Tablet 11.4mg/2.9mg (Zubsolv®)	1 unit/day
	Lofexidine 0.18mg Tablet (Lucemyra®)	16 units/day
	Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	1 unit/28 days
	Naloxone Nasal Spray (Narcan®)	2 units/90 days
	Naloxone Injectable Solution/Cartridge 0.4mg/ml	2 units/90 days
	Naloxone Injectable Solution Syringe 1mg/ml	2 units/90 days
	Naloxone Injectable Solution (5ml, 10ml, 20ml) 1mg/ml	1 unit/90 days
	Naloxone Injectable Solution (10ml) 0.4mg/ml	1 unit/90 days

POS Edits

TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other.

- Incoming prescriptions for buprenorphine or buprenorphine/naloxone agents will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any buprenorphine or buprenorphine/naloxone agent.
- Incoming prescriptions for any naltrexone agent will deny when the recipient has an active prescription for any other naltrexone agent.

X – Prescribers of buprenorphine must meet enrollment and certification requirements.

Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Added POS edits for lofexidine and naltrexone / January 2021	April 2021
<u>Modified wording for concurrent use with buprenorphine-containing products / February 2022</u>	<u>July 2022</u>