

## 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

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

## Opiate Dependence Agents

POS Edits		
<b>AL</b> – 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
<b>CU</b> – 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. <ul style="list-style-type: none"> <li>- Concurrent opioid analgesic, benzodiazepine and/or any buprenorphine-containing agent prescriptions will deny.</li> <li>- Concurrent buprenorphine containing agents and naltrexone prescriptions will deny.</li> </ul>		
<b>DD</b> – 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.		
<b>DS</b> – Pharmacy claims for lofexidine tablets are limited to a 14-day supply per 6-month period.		
<b>DX</b> – Pharmacy claims for some agents must be submitted with an appropriate diagnosis code. <ul style="list-style-type: none"> <li>- Pharmacy claims for all buprenorphine opiate dependence agents (single-ingredient and combination) must be submitted with a diagnosis code for opioid dependence (F11.2*).</li> <li>- Pharmacy claims for lofexidine (Lucemyra®) must be submitted with a diagnosis code for <b>ONE</b> of the following:               <ul style="list-style-type: none"> <li>o Opioid abuse with withdrawal – F11.13</li> <li>o Opioid dependence with withdrawal – F11.23</li> <li>o Opioid use, unspecified with withdrawal – F11.93</li> </ul> </li> <li>- 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*).</li> </ul> <p><i>* Any number or letter or combination of <b>UP TO FOUR</b> numbers and letters of an assigned ICD-10-CM diagnosis code</i></p>		

## 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
<b>QL</b> – 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/26 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
Modified quantity limit for Sublocade® / May 2022	June 2022