**Louisiana Medicaid**
**Oral Buprenorphine-Containing Agents for Opiate Dependence**
**Criteria for Maximum Dose Override**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request authorization to exceed the current maximum dose edit (see below) for oral buprenorphine-containing agents for opiate dependence.

**Maximum Dose Edit**
*Oral buprenorphine agents (single-ingredient and combination) are limited to a maximum daily dose of 32mg per day of buprenorphine or buprenorphine equivalent. Refer to specific product prescribing information for buprenorphine equivalence charts.*

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

## Approval Criteria

- **ONE** of the following is required and is **stated on the request**:
  - The recipient has had a *positive response to the requested therapy* as evidenced by an improvement in function and/or signs and symptoms, *without evidence of adverse effects or abuse*; **AND**
    - The recipient *is currently taking the requested dosage and quantity with no evidence of overmedication side effects (e.g., sedation or fogginess)*; **OR**
    - The recipient *has taken the requested dosage and quantity in the past and has attempted a decrease in the dosage but experienced continued significant cravings, withdrawal symptoms, or both at the lower dosage that interfered with the recipient's daily functioning*; **OR**
  - The recipient had a *partial but inadequate response* to the requested medication *at a lower dosage and quantity* **AND ALL** of the following are **stated on the request**:
    - The recipient *tolerated* the medication at *the lower dosage but experienced continued significant cravings, withdrawal symptoms, or both that interfered with the recipient's daily functioning*; **AND**
    - There was *no evidence of adverse effects or abuse* at the lower dose; **AND**
    - The *medication quantity and dose, as requested, are necessary for this patient*; **OR**
  - The recipient *has not previously used this medication*; however, the prescriber is *citing references* for supporting the maximum daily dose limit exception with this request (for example, a peer-reviewed journal article demonstrating the safety and efficacy of the requested dose for the indication); **AND ALL** of the following:
    - The requested quantity and dosing are supported in the accepted medical compendia; **AND**
    - The *medication quantity and dose, as requested, are necessary for this patient*; **AND**

- The total daily dose of the requested medication cannot be achieved with a lower quantity of a higher strength; **AND**
- The following is true and is **stated on the request** – The requested dose for this recipient:
    - is the *lowest effective dose* that does not cause overmedication side effects; **AND**
    - continues to provide benefits that outweigh the risks of exceeding the maximum daily dose limit; **AND**
- The following is true and is **stated on the request** – The recipient's condition has been reassessed and the requested dose is medically necessary.

**Duration of approval: 6 months –** ***an approved authorization will allow an appropriate quantity limit for the approved dose.***

**References**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

| Revision / Date | Implementation Date |
|---|---|
| Policy Created / August 2024 | March 2025 |
| Increased maximum dose limit / October 2025 | March 2026 |