

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	DS – Maximum Days’ Supply Allowed	PU – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DT – Duration of Therapy Limit	QL – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirement	RX – Specific Prescription Requirement
CL – Additional Clinical Information is Required	ER – Early Refill	TD – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	MD – Maximum Dose Limit	YQ – Yearly Quantity Limit
DD – Drug-Drug Interaction	MME – Maximum Morphine Milligram Equivalent is Restricted	

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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 (Brixadi™, Sublocade®)	18 years
	Buprenorphine SL	16 years
	Buprenorphine/Naloxone (Suboxone®, Zubsolv®)	16 years
	Lofexidine (Lucemyra®)	18 years
	Nalmefene (Opvee®)	12 years
	Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	18 years
	Naltrexone Tablet	18 years
CU – These agents are monitored at POS for concurrent use with other agents. <ul style="list-style-type: none"> - Incoming pharmacy claims for an opioid analgesic will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for an opiate dependence agent. - Incoming pharmacy claims for a benzodiazepine will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for an opiate dependence agent. 		
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 any opioid (including buprenorphine-containing products) and vice versa.		
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*). 		
<i>* Any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code</i>		

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POS Edits

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

- 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. *Requests to override the Maximum Dose for these agents should follow [THIS CRITERIA](#).*

	Quantity Limits	
	Generic (Brand Example)	Quantity Limit
QL – Some agents have quantity limits as listed in the chart to the right.	Buprenorphine Extended-Release Injection (Sublocade®) 300mg	Initiation: 2 units/26 days Maintenance: 1 unit/26 days
	Buprenorphine Extended-Release Injection (Sublocade®) 100mg	1 unit/26 days
	Buprenorphine Extended-Release Injection (Brixadi™) 8/16/24/32mg (weekly)	4 units/21 days
	Buprenorphine Extended-Release Injection (Brixadi™) 64/96/128mg (monthly)	1 unit/21 days
	Buprenorphine SL Tablet 2mg	<u>3</u> units/day
	Buprenorphine SL Tablet 8mg	<u>4</u> units/day
	Buprenorphine/Naloxone 2mg/0.5mg SL Tab (Suboxone®)	<u>3</u> 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®)	<u>4</u> 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®)	<u>4</u> units/day
	Buprenorphine/Naloxone SL Tablet 8.6mg/2.1mg (Zubsolv®)	2 units/day
	Buprenorphine/Naloxone SL Tablet 11.4mg/2.9mg (Zubsolv®)	<u>2</u> units/day
	Nalmefene (Opvee®)	4 units/30 days
	Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	1 unit/28 days
	Naloxone Nasal Spray (Narcan®; Kloxxado®; Rextovy™)	4 units/30 days
	Naloxone Injectable Solution/Cartridge 0.4mg/ml	4 units/30 days
	Naloxone Injectable Solution Syringe 1mg/ml	4 units/30 days
	Naloxone Injectable Solution (5ml, 10ml, 20ml) 1mg/ml	1 unit/30 days
	Naloxone Injectable Solution (10ml) 0.4mg/ml	1 unit/30 days
	Naloxone Injectable Solution (Zimhi™)	4 syringes (2ml)/30 days

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- TD** – These agents are monitored at the pharmacy POS for duplication of therapy with each other.
- Incoming prescriptions for oral buprenorphine-containing agents will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any oral buprenorphine-containing agent.
 - Incoming prescriptions for injectable buprenorphine-containing agents will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for any injectable buprenorphine-containing agent.
 - Incoming prescriptions for any naltrexone agent will deny when the recipient has an active prescription for any other naltrexone agent.

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
Modified wording for concurrent use with buprenorphine-containing products, Clarified DD for naltrexone / February 2022	July 2022
Added Kloxxado™ and Zimhi™ and policy clarifications / April 2022	October 2022
Modified quantity limit for naloxone agents / Sept 2022	January 2023
Removed 'X' DEA number wording / January 2023	April 2023
Formatting changes / August 2023	October 2023
Added Brixadi™ / October 2023	January 2024
Added Opvee® / April 2024	July 2024
Removed maximum dose edit for Lucemyra® / August 2024	October 2024
Added Rextovy™ / November 2024	January 2025
Added MD override criteria, modification of therapeutic duplication edit / November 2024	March 2025
Modified QL for Sublocade® / March 2025	August 2025
Modified MD and QL for oral buprenorphine-containing agents / October 2025	March 2026