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	

Opiate Dependence Agents

<table>
<tr><th colspan="3">POS Edits</th></tr>
<tr><td rowspan="9">AL – The agents listed in the table to the right are limited to use in recipients who meet specific age requirements.</td><td colspan="2">Minimum Age Requirements</td></tr>
<tr><td>Generic (Brand Example)</td><td>Minimum Age</td></tr>
<tr><td>Buprenorphine (Brixadi™, Sublocade®)</td><td>18 years</td></tr>
<tr><td>Buprenorphine SL</td><td>16 years</td></tr>
<tr><td>Buprenorphine/Naloxone (Suboxone®, Zubsolv®)</td><td>16 years</td></tr>
<tr><td>Lofexidine (Lucemyra®)</td><td>18 years</td></tr>
<tr><td>Nalmefene (Opvee®)</td><td>12 years</td></tr>
<tr><td>Naltrexone Extended-Release Injectable Suspension (Vivitrol®)</td><td>18 years</td></tr>
<tr><td>Naltrexone Tablet</td><td>18 years</td></tr>
<tr><td colspan="3">CU – These agents are monitored at POS for concurrent use with other agents.
- 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.</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><td colspan="3">DS – Pharmacy claims for lofexidine tablets are limited to a 14-day supply per 6-month period.</td></tr>
<tr><td colspan="3">DX – Pharmacy claims for some agents must be submitted with an appropriate diagnosis code.
- 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:
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</td></tr>
</table>

Opiate Dependence Agents

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 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).~~

QL – Some agents have quantity limits as listed in the chart to the right.

Quantity Limits	
Generic (Brand Example)	**Quantity Limit**
Buprenorphine Extended-Release Injection (Sublocade®)	1 unit/26 days
Buprenorphine Extended-Release Injection (Brixadi™) 8mg (weekly)	4 units/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 16mg (weekly)	4 units/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 24mg (weekly)	4 units/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 32mg (weekly)	4 units/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 64mg (monthly)	1 unit/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 96mg (monthly)	1 unit/21 days
Buprenorphine Extended-Release Injection (Brixadi™) 128mg (monthly)	1 unit/21 days
Buprenorphine SL Tablet 2mg	2 units/day
Buprenorphine SL Tablet 8mg	3 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
Nalmefene (Opvee®)	4 units/30 days
Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	1 unit/28 days
Naloxone Nasal Spray (Narcan®)	4 units/30 days

Opiate Dependence Agents

POS Edits		
	Naloxone Nasal Spray (Kloxxado™)	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

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.

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

Opiate Dependence Agents