

# Buprenorphine/Naloxone and Buprenorphine



## THERAPY GUIDANCE

### Provider Summary Sheet

#### START (first prescription fill in 90 days)

Induction and  
Stabilization  
Phase

Months 1 - 2



Up to 24mg/day\*\*

Maintenance  
Phase

Months 3 and after



Up to 16mg/day \*\*

\*\* Maximum daily doses shown are for use of Suboxone®, the preferred product. If Zubsolv® or Bunavail® are approved for use, equivalent dosing limits will apply. Refer to the Uniform Preferred Drug List for criteria regarding use of non-preferred products. <http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list>

- Buprenorphine/naloxone and buprenorphine are only approved for **opioid dependence**. ICD-10 codes that must be found in medical claims or written on prescription and entered by pharmacist with prescription claim (F11.1xx, F11.2xx, F11.90, F19.20 or F19.21).
- **Buprenorphine is only approved for use during pregnancy**. Appropriate ICD-10 codes must be found in medical claims or written on prescription and entered by pharmacist with prescription claim. Appropriate codes can be found at: <https://medicaid.ms.gov/wp-content/uploads/2018/09/ICD-10-codes-for-POS-claims-and-SMART-PAs-8.20.18.pdf>

#### Trouble Shooting Rejections:

- **Claim denied no diagnoses for opioid dependence or no diagnosis for pregnancy (buprenorphine use) found**  
**Solution:** Physician should write diagnosis code on prescription and pharmacy should enter diagnosis code on pharmacy claim and call Medicaid PA unit if claim is still rejected for lack of diagnosis.
- **Contact information for PA Units:**
  - **Medicaid Fee for Service/Gainwell** Ph: 1-833-660-2402 Fax: 1-866-644-6147
  - **Magnolia Health/Envolve Pharmacy Solutions** Ph: 1-866-399-0928 Fax: 1-877-386-4695
  - **Molina Healthcare/CVS Caremark** Ph: 1-844-826-4335 Fax: 1-844-312-6371
  - **UnitedHealthcare/OptumRx** Ph: 1-800-310-6826 Fax: 1-866-940-7328

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Copies of this Summary Sheet are available at:  
<https://medicaid.ms.gov/providers/pharmacy/pharmacy-resources/>