

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>
- All buprenorphine/naloxone and buprenorphine prescribers must have current XDEA number.
(It is the responsibility of the pharmacy processing the claim to verify the XDEA number, not the health plan.)

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/Change Healthcare** Ph: 1-877-537-0722 Fax: 1-877-537-0720
 - **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/>

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