

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.

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 the Pharmacy Help Desk:**

- Gainwell Technologies** Ph: 1-833-660-2402 Fax: 1-866-644-6147

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Copies of this Summary Sheet are available at:

<https://medicaid.ms.gov/providers/pharmacy/pharmacy-resources/>

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