



# AmeriHealth Caritas™

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## New Hampshire

**To:** AmeriHealth Caritas New Hampshire Providers

**Date:** October 24, 2024

**Subject:** **Medical Information Required for Prior Authorization for oral medications containing Buprenorphine**

**Summary: Information on how to prevent delays in accessing Medications for Opioid Use Disorder (MOUD).**

### **Medications for opioid dependence treatment**

Covered uses:

Medically accepted indications are defined by using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Patient Package Insert (PPI), or disease - state specific standard of care guidelines.

### **Medical Information Required for Prior Authorization for oral medications containing Buprenorphine:**

All requests:

- Diagnosis of opioid use disorder
- Attestation that the New Hampshire Prescription Drug Monitoring Program (PDMP) has been reviewed within the last 60 days.

Buprenorphine single agent products:

- Patient is pregnant or lactating OR there is documentation of allergic reaction to buprenorphine/naloxone combination product (please provide type of reaction and date.)

For non-preferred products:

- The member has a documented treatment failure with one preferred drug or has a documented medical reason (e.g., intolerance, hypersensitivity, contraindication) why they are not able to use preferred drugs.

For concurrent use/ drug-drug interaction:

- The provider must submit a medical reason treatment with both drugs is necessary for the member.
- The increased risk for side effects when taking the drugs together has been discussed with the member.



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- Medications must be prescribed by the same provider for the following scenarios (one month approval only):
  - If the request is for concurrent MOUD agent and a benzodiazepine
  - If the request is for concurrent use with a MOUD agent and an opioid.

If all the conditions are met, the request will be approved for 12 months.

If you would like to **discuss a prior authorization decision** that was based upon medical necessity with AmeriHealth Caritas, you may call a clinical pharmacist at **1-888-765-6383 Monday through Friday, 8 a.m. to 5 p.m., for peer-to-peer requests.**

### Medications for treatment of opioid dependence

Drug name	Preferred product	Prior authorization	Therapeutic class	Quantity limits (QL). (Quantities above the QL require a PA.)
Brixadi (weekly) subcutaneous solution prefilled syringe	Yes	No	Opioid partial agonist agent	1 syringe per 28 days for the monthly doses 4 syringes per 28 days for the weekly doses
buprenorphine HCL sublingual tablet	Yes	Yes	Opioid partial agonist agent	
buprenorphine HCL-naloxone HCL sublingual film	Yes	No	Opioid partial agonist agent	24 mg/day
buprenorphine HCL-naloxone HCL sublingual tablet 2-0.5 mg	Yes	No	Opioid partial agonist agent	24 mg/day
buprenorphine transdermal patch weekly	Yes	Yes	Opioid partial agonist agent	
Butrans transdermal patch weekly	Yes	Yes	Opioid partial agonist agent	
Sublocade subcutaneous solution prefilled syringe	Yes	No	Opioid partial agonist agent	1 prefilled syringe/28 days
Suboxone sublingual film (brand name)	No	Yes	Opioid partial agonist agent	24 mg/day
Zubsolv sublingual tablet sublingual	Yes	No	Opioid partial agonist agent	0.7-0.18 mg tablet; 25 each per 1 day(s). 1.4-0.36 mg table; 13 each per 1 day(s).



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				11.4-2.9 mg tablet; 1 each per 1 day(s). 2.9-0.71 mg tablet; 6 each per 1 day(s). 5.7-1.4 mg tablet; 3 each per 1 day(s). 8.6-2.1 mg tablet; 2 each per 1 day(s).
Vivitrol	Yes	No	Opioid antagonist agent	1 each per 24 day(s).

### *Opioid antagonists*

Drug name	Preferred product	Prior authorization
Kloxxado Nasal Liquid 8 mg/0.1mL	Yes	No
naloxone injection prefilled syringe	Yes	No
naloxone HCL injection solution	Yes	No
naloxone HCL nasal liquid 4 mg/0.1mL	Yes	No
naltrexone HCL oral tablet 50 mg	Yes	No
Narcan Nasal Liquid 4 mg/0.1mL	Yes	No
Opvee Nasal Solution 2.7 mg/0.1mL	Yes	No
Zimhi Injection Solution Prefilled Syringe 5 mg/0.5mL	Yes	No

### **Questions:**

If you have questions about this communication, please contact AmeriHealth Caritas New Hampshire Provider Pharmacy Services at **1-888-765-6394 (TTY 1-855-809-9206)** or reach out to your **Account Executive**.