

CRITERIA FOR PRIOR AUTHORIZATION

Opioid Use Disorder (OUD) Agents

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drugs require prior authorization:

- Buprenorphine (Subutex®)
- Any non-rebate-eligible national drug code (NDC) used for opioid dependence and not on the Fee-For-Service (FFS) Covered Outpatient Drug (COD) file.

CRITERIA FOR BUPRENORPHINE (Subutex®) Must meet all of the following:

- Patient must have a diagnosis of opioid dependence
- Patient must be actively involved in addiction treatment
- Prescriber must have a current XDEA number (DATA 2000 waived)
- Prescriber must practice in Kansas or a border city and be an enrolled provider with plan
- Daily dose of buprenorphine must not exceed 24mg
- Patient must not be prescribed benzodiazepines concurrently
- Benzodiazepine claims will deny for 30 days after last Buprenorphine fill if not in consultation with the buprenorphine prescriber
- Patient must meet one of the following:
 - Patient must be pregnant
 - Patient must have a documented medical allergy to naloxone
- For all agents listed, the preferred PDL drug, if applicable, which covers this indication, is required unless the patient meets the non-preferred PDL PA criteria.

CRITERIA FOR ALL NON-REBATE-ELIGIBLE NDCs FOR OPIOID USE DISORDER, NOT ON FFS COD FILE, Must meet the following:

- Patient must have had an adequate trial (at least 15 days) of ALL NDC’s of OUD agents on the COD file.

RENEWAL CRITERIA Must meet all initial criteria and the following:

- Patient has not received any other narcotic agents since last prior authorization approval
- Prescriber has reviewed the patient’s K-TRACS profile and confirmed the patient is not receiving any narcotic agents in addition to their buprenorphine agent (information regarding the K-TRACS program may be found on The Kansas Board of Pharmacy web site, currently available at <https://pharmacy.ks.gov/k-tracs>)
- If patient has received opioids the prescriber must validate the reason for use and include information regarding the patient treatment plan

LENGTH OF APPROVAL 3 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

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