**STATE OF WEST VIRGINIA**
**DEPARTMENT OF HEALTH AND HUMAN RESOURCES**
**BUREAU FOR MEDICAL SERVICES**

# OFFICE OF PHARMACY SERVICES
## Policy for the Coverage of Suboxone® Film (buprenorphine/naloxone) and buprenorphine tablets
*Effective 3/30/2023*

1) Must be prescribed by a licensed physician with a valid and active DEA number which is current in the Medicaid claims system; **AND**
2) The prescriber must be a WV Medicaid enrolled provider (enrolled directly, enrolled with WV Medicaid HMO, employed by a facility that is enrolled with WV Medicaid) who certifies he/she is treating the patient and billing WV Medicaid for this service; **AND**
3) Confirmed diagnosis of opiate abuse/dependence (diagnosis code is required); **AND**
4) The patient must be sixteen (16) years of age or older. Exceptions can be handled on appeal to the Medical Director; **AND**
5) Buprenorphine tablets may only be approved by the Medical Director on a case-by-case basis or with a clinically verified life-threatening allergy to naloxone*; **AND**
6) Maximum initial dosing is 24 mg/day for 60 days after which efforts should be made to reduce the patient's daily dose. A clinical appeal to the Medical Director is required for doses above 16 mg/day after the initial dosing period. The manufacturer recommends a maximum target dose of 16 mg/day (or lower) and has found that further benefit is not achieved with doses above 24 mg/day. Therefore, after the initial period, Medicaid will allow daily doses up to 24 mg/day on a case-by-case basis and for a limited time only to allow stabilization of the patient during times of crisis.; **AND**
7) Maximum quantity limit is 2 dosage units per day (when appropriate, lower doses may require dosage unit splitting); **AND**
8) Early refills are not permitted, including replacement of lost or stolen medication; **AND**
9) Concurrent therapy with benzodiazepines, hypnotics, and opioids (tramadol) will be denied; **AND**
10) Patient must be warned about the dangers of ingesting concurrent sedating medications; **AND**
11) Attestation from prescriber that the Board of Pharmacy Prescription Drug Monitoring Program database has been reviewed and that patient has been warned about the dangers of ingesting concurrent sedating medications.

***Naloxone allergy documentation MUST include a detailed description of symptoms. (Life threatening allergic reactions are generally considered to be anaphylactic in nature, Stevens-Johnson syndrome or DRESS).***

***Updated 3/30/2023***
***Original DUR Board approval granted 5/25/2016***