



Missouri Pharmacy Program – Preferred Drug List



Opiate Dependence Agents

Effective 06/02/2015

Revised 04/05/2018

Preferred Agents

- Naltrexone Tablets
- Suboxone® Oral Film
- Vivitrol® IM Injection

Non-Preferred Agents

- Bunavail® Buccal Film
- Buprenorphine SL Tablets
- Buprenorphine/Naloxone SL Tabs
- Probuphine® Implant Kit
- ReVia® Tablets
- Zubsolv® SL Tablets

Approval Criteria

- Diagnosis of Opioid **Use Disorder**, Alcohol Dependence, or **Substance Use Disorder** in last two years
 - ONE claim for up to 14-day supply of **Preferred Product** will be allowed without a required diagnosis
 - Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
 - Documented compliance on current therapy regimen

For BUPRENORPHINE Single-Ingredient Oral Therapy:

- Pregnancy diagnosis

For PROBUPHINE® (Buprenorphine) Subdermal Implant Therapy:

- 90-days stabilized therapy on Buprenorphine 8mg/day or less

For VIVITROL® (Naltrexone) Intramuscular (Injection) Therapy:

- ≥ 7 day opioid-free interval is recommended
- May be initiated without prior history of oral Naltrexone
 - Refer to Clinical Consultant

- Suboxone and Benzodiazepine from 2 different prescribers will generate a warning/advisory message

Denial Criteria

- Lack of approval criteria
- Suboxone/Subutex dosing exceeding identified limitations
i.e. > 24mg/day Buprenorphine (See Appendix A)
 - Prescriber must document reason for exceeding limitations
- Probuphine® Implantation frequency < 180 days
 - Prior Buprenorphine dose > 8mg/day

For VIVITROL® (Naltrexone) Intramuscular (Injection) Therapy:

- Active alcohol consumption during initial administration
 - Opioid Rx claim within 7 days of initial administration
 - Administration more frequently than 30 days
 - Refer to State Clinical Consultant Review
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- Drug Prior Authorization Hotline: (800) 392-8030