



Missouri Pharmacy Program – Preferred Drug List



Opioid Dependence Agents

Effective 06/02/2015

Revised 04/04/2019

Preferred Agents

- **Buprenorphine/Naloxone SL Tabs**
- Naltrexone Tabs
- Suboxone® Film
- Vivitrol®

Non-Preferred Agents

- Bunavail®
- Buprenorphine SL Tabs
- **Buprenorphine/Naloxone SL Film**
- Probuphine®
- Sublocade™
- Zubsolv®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with a trial on 1 preferred agent
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on a 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 a 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
 - Prescriber must document the 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
- Drug Prior Authorization Hotline: (800) 392-8030