



**Clinical Criteria**

**For**

**Substance Use Disorders (SUD) Medications**

(Starting January 1, 2015)

**Please note that the FDA labeling recommends that treatment with these drugs should be part of a comprehensive management program including psychosocial support.**

\*Medication assisted treatment (MAT) is the use of FDA-approved medications in combination with evidence-based behavioral therapies to provide a whole-patient approach to treating substance use disorders (SUDs). There is strong evidence that use of MAT in managing SUDs provides substantial cost savings. Please see this link for additional information:

<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-07-11-2014.pdf>

| <b>Medications</b>  | <b>Criteria</b>   | <b>Quantity Limits</b>  |
|---|---|---|
| Buprenorphine/Naloxone Combination therapies:<br><br>Bunavail®<br>Suboxone®<br>Suboxone® Film<br>Zubsolv® | N/A   | 2 film/tablets/day*<br><br>*(Exception Suboxone® 2mg/0.5mg tablet allows 6 tablets/daily) |
| Campral®  | <ul style="list-style-type: none"> <li>• Diagnosis of alcohol use disorder</li> <li>• Negative test result for alcohol in the past 7 days</li> <li>• History of naltrexone or disulfiram therapy</li> <li>• Patient is enrolled in a comprehensive management program including psychosocial support</li> </ul> | 6 tablets/day   |
| Chantix®  | N/A   | 2 tablets/day (180 day limit/year)  |
| Naltrexone (oral)   | <ul style="list-style-type: none"> <li>• Diagnosis of opioid or alcohol use disorder; or a claims' history of 90 days of therapy</li> <li>• PA if there was a paid claim within the previous 35 days for bupropion hydrochloride extended-release tablets or bupropion hydrochloride</li> </ul>                 | N/A   |

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| Nicotine gum                                   | N/A  | 24 pieces/day<br>(180 day limit/year)  |
| Nicotine lozenge                               | N/A  | 20 pieces/day<br>(180 day limit/year)  |
| Nicotine patches                               | N/A  | 1 patch/day<br>(180 day limit/year)  |
| Nicotrol® Nasal Spray and<br>Nicotrol® Inhaler | <ul style="list-style-type: none"> <li>History of 90 days of therapy with nicotine patch, gum or lozenge</li> </ul>  | nasal spray is 4 ml/day<br>inhaler is 16<br>cartridges/day<br>(180 day limit/year) |
| Subutex®<br>Buprenorphine                      | <ul style="list-style-type: none"> <li>First prescription filled has no clinical criteria applied</li> <li>Criteria for Refills/Additional Prescriptions <ul style="list-style-type: none"> <li>Diagnosis of opioid use disorder</li> <li>Pregnant, breastfeeding or patients with an intolerance to naloxone</li> </ul> </li> </ul>   | 3 tablets/day  |
| Vivitrol®                                      | <ul style="list-style-type: none"> <li>≤ Please indicate diagnosis of opioid or alcohol use disorder (circle one)</li> <li>Negative urine test results for opioids or MD to provide documentation that the patient has passed a naloxone challenge test in the past 7 days</li> <li>Attest patient is abstinent from alcohol (Required for alcohol use disorder only)</li> </ul> | 1 vial/28-31 day   |
| Zyban SR (bupropion SR)                        | N/A  | 2 tablets/day<br>(180 day limit/year)  |