



**To: Humana – CareSource Kentucky Medicaid health care providers**  
**Subject: Medicaid plan formulary changes, effective July 1, 2017.**

Humana – CareSource® routinely reviews medications available on the Preferred Drug List (PDL). Effective July 1, 2017, Bunavail®, Suboxone® and Zubsolv® will be removed and replaced with a buprenorphine/naloxone generic alternative. The sublingual tablet has the same active ingredients and is proven to be as effective as the film. Current guidelines for the management of opioid addiction do not recommend one formulation over another. Prior authorization still is required for these products. We encourage you to work with your Humana – CareSource patients in advance of the deadline to ensure a smooth transition.

**What medications are covered**

| No longer covered as of July 1, 2017 | Ingredients                | Strength(s)   | Status   | Preferred alternative                       |
|--------------------------------------|----------------------------|---|----------|---|
| <b>Bunavail</b><br>Buccal film       | buprenorphine/<br>naloxone | 2.1/0.3 mg,<br>4.2/0.7 mg,<br>6.3/1 mg                                    | Replaced | buprenorphine/naloxone<br>sublingual tablet |
| <b>Suboxone</b><br>Sublingual film   | buprenorphine/<br>naloxone | 2/0.5 mg, 4/1<br>mg, 8/2 mg,<br>12/3 mg                                   | Replaced | buprenorphine/naloxone<br>sublingual tablet |
| <b>Zubsolv</b><br>Sublingual tablet  | buprenorphine/<br>naloxone | 1.4/0.36 mg,<br>2.9/0.71 mg,<br>5.7/1.4 mg,<br>8.6/2.1 mg,<br>11.4/2.9 mg | Replaced | buprenorphine/naloxone<br>sublingual tablet |

*Please note that there may be dosing differences between the products. The buprenorphine/naloxone sublingual tablet is available in 2/0.5 mg and 8/2 mg strengths.*

**What you should know regarding the change**

We also notified our members of the change, to help ensure the maintenance of their treatment plan, and asked them to contact their doctor immediately. We know patients may have concerns about their medication coverage, so thank you for helping to put patients at ease.

At your request, we can provide a list of your Humana – CareSource-covered patients taking Bunavail, Suboxone and Zubsolv. Please email us with your fax number at [pharmacyconversionprogram@caresource.com](mailto:pharmacyconversionprogram@caresource.com), and we will fax you a list of patients who have been prescribed these medications.

For existing patients taking the brand products, Humana – CareSource will provide prior authorization for the generic alternative. The prior authorization for the generic alternative will match the authorization for the brand product and includes a 30-day extension. To expedite processing, you can request prior authorization electronically on the [Humana – CareSource provider portal](#). Prior authorization is required to prescribe buprenorphine/naloxone sublingual tablets to patients starting treatment.

For your patient's safety, it's important to cancel the brand product prescription with the pharmacy.

### **Use additional resources to find updates**

For up-to-date information regarding the formulary, please visit the Kentucky Medicaid [Formulary Search Tool Searchable Drug Formulary](#) or the [Preferred Drug List \(PDL\)](#) at [www.caresource.com](http://www.caresource.com).

We recognize each patient is unique and we appreciate your help with making this a successful transition. Please call our pharmacy services department at 1-855-852-7005, if you have further questions. Hours of operation are Monday through Friday, 8 a.m. to 5 p.m. Eastern time.