

To: Ohio Medicaid Health Partners

Subject: Preferred Drug List Changes, Now Effective May 1, 2017

We are dedicated to partnering with you in the most effective way to manage care. CareSource routinely reviews medications available on the Preferred Drug List (PDL). Medications are added, changed or removed periodically based on industry standard, market availability and/or usage.

We recently sent you a notice about a change in our PDL that **BUNAVAIL®**, **SUBOXONE®** and **ZUBSOLV®** will be removed and replaced with a generic alternative on March 1, 2017. **We've extended the deadline to May 1, 2017.** 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 is still required for these products.

Please continue to actively work with your CareSource patients to ensure a smooth transition.

What medication is covered?

CareSource will cover buprenorphine/naloxone sublingual tablets.

No Longer Covered as of May 1, 2017	Ingredients	Strength(s)	Status	Preferred Alternative
BUNAVAIL Buccal film	buprenorphine/ naloxone	2.1/0.3 mg, 4.2/0.7 mg, 6.3/1 mg	Replaced	buprenorphine/ naloxone sublingual tablet
SUBOXONE Sublingual film	buprenorphine/ naloxone	2/0.5 mg, 4/1 mg, 8/2 mg, 12/3 mg	Replaced	buprenorphine/ naloxone sublingual tablet
ZUBSOLV Sublingual tablet	buprenorphine/ naloxone	1.4/0.36 mg, 2.9/0.71 mg, 5.7/1.4 mg, 8.6/2.1 mg, 11.4/2.9 mg	Replaced	buprenorphine/ naloxone sublingual tablet

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

What you should know

We know patient care is of the utmost importance to you. We have notified our members of this change to help ensure their treatment plan is maintained and asked them to contact their doctor

immediately. We know that your patients may have concerns about their medication coverage – thank you for partnering with us to relieve their concerns and put them at ease.

We will provide a list of CareSource patients who are taking BUNAVAIL, SUBOXONE and ZUBSOLV upon your request. Email us at PharmacyConversionProgram@caresource.com and include your fax number in the email. We will fax you a list of patients who have been prescribed these medications.

For existing patients taking the branded products, CareSource will proactively provide prior authorization for the generic alternative. The prior authorization for the generic alternative will match the authorization for the branded product and includes a 30-day extension. To expedite processing, you can request prior authorization electronically on the [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.

Additional Resources

For the most up-to-date information, please utilize the [Formulary Search Tool Searchable Drug Formulary](#)--Ohio Medicaid or the [Preferred Drug List \(PDL\)](#) on **CareSource.com**.

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. If your CareSource patient cannot be converted to the preferred alternative for medical reasons or if you have any questions, call our **Pharmacy Services** Department at **1-800-488-0134**. The Department is open Monday through Friday, 8 a.m. to 5 p.m. Thank you for being a CareSource health partner.