

To: Indiana Healthy Indiana Plan & Hoosier Healthwise Health Partners

Subject: Preferred Drug List Changes, Effective April 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.

On **April 1, 2017**, **BUNAVAIL®**, **SUBOXONE®** and **ZUBSOLV®** will become non-preferred with a generic alternative, buprenorphine/naloxone, becoming the preferred choice. 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.

We encourage you to actively work with your CareSource patients in advance of the deadline to ensure a smooth transition.

What medication is covered?

CareSource will cover buprenorphine/naloxone sublingual tablets.

Moved to Non-Preferred as of April 1, 2017	Ingredients	Strength(s)	Preferred Alternative
BUNAVAIL Buccal film	buprenorphine/naloxone	2.1/0.3 mg, 4.2/0.7 mg, 6.3/1 mg	buprenorphine/naloxone sublingual tablet
SUBOXONE Sublingual film	buprenorphine/naloxone	2/0.5 mg, 4/1 mg, 8/2 mg, 12/3 mg	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	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 are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their doctor immediately.

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. Note that the brand product prescriptions are still available through brand medical necessity requests.

Additional Resources

For the most up-to-date information, please utilize the [Preferred Drug Lists \(PDLs\)](#) or formulary search tools on **CareSource.com**. Please reference the appropriate formulary search tool for your patient's plan:

- [HIP Basic and HIP State Plan Basic Plans](#)
- [HIP Plus and HIP State Plan Plus Plans](#)
- [Hoosier Healthwise Packages A, C and P](#)

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. We are here to help you with any questions. Call the **CareSource Pharmacy Services** Department at **1-844-607-2831**. The Department is open Monday through Friday, 8 a.m. to 5 p.m. Thank you for being a CareSource health partner.

IN-P-0186

Date Issued: 03/01/2017

Date Approved: 02/28/2017