



RE: Preferred Drug List (PDL) Reminder – Medication Assisted Therapy Products

Dear CareSource Health Care Partner:

CareSource previously notified you that beginning 04/01/2017 the generic Buprenorphine products would have preferred status on the PDL, while the branded products would become non-preferred, and only available with medical necessity.

Below is a chart of the CareSource preferred Buprenorphine agents for your easy review.

Medication	Preferred Drug List Status
Suboxone	Non-preferred (PA Required)
Bunavail	Non-preferred (PA Required)
Zubsolv	Non-preferred (PA Required)
Buprenorphine SL tablet	Preferred (PA Required) *Preferred in pregnancy
Buprenorphine/Naloxone SL tablet	Preferred (PA Required)

CareSource encourages you to prescribe the preferred agent when initiating therapy or converting your current members on a branded product to the generic product for the next fill.

Indiana Health Coverage Programs (IHCP) “Gold Card”: prior authorization (PA) exemption for qualified prescribers of Buprenorphine and Buprenorphine/Naloxone drugs

Qualified IHCP prescribers may be exempt from PA document submission requirements for individual IHCP members (may exclude members enrolled in the Healthy Indiana Plan [HIP] or Hoosier Care Connect [HCC]), under their direct care, for whom they prescribe PDL preferred Buprenorphine and Buprenorphine/Naloxone. To be eligible for this exemption, a provider must submit this completed document, with required attachments, demonstrating that the provider meets the qualifications and receive approval from the Indiana Family and Social Services Administration (FSSA). CareSource utilizes the IHCP Buprenorphine and Buprenorphine/Naloxone Gold Card Program.

To request exemption status, use this [form](#).