



## 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>

Medications	Criteria	Quantity Limits
Buprenorphine/Naloxone Combination therapies:  Bunavail® Suboxone® Suboxone® Film Zubsolv®	N/A	2 film/tablets/day*  *(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

Nicotine gum	N/A	24 pieces/day (180 day limit/year)
Nicotine lozenge	N/A	20 pieces/day (180 day limit/year)
Nicotine patches	N/A	1 patch/day (180 day limit/year)
Nicotrol® Nasal Spray and 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 inhaler is 16 cartridges/day (180 day limit/year)
Subutex® 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 (180 day limit/year)