

UnitedHealthcare Community Plan of New York
Important update - Effective March 22, 2022
Only for NY Medicaid members

Per the New York State Executive Budget for State Fiscal Year 2020-2021 and per Social Services Law (SOS), Section 367-a (7) (e), the New York State Department of Health (DOH) is required to institute a single statewide outpatient formulary for Opioid Dependence Agents and Opioid Antagonists for both Medicaid Managed Care Plans and Fee-For-Service and has been in effect since October 1, 2021.

On December 22, 2021, the Governor signed Chapter 720 of the Laws of 2021. This law amends Social Services Law and the Public Health Law, in relation to medication for the treatment of substance use disorders. **Effective March 22, 2022, in accordance with Social Services Law Title 11, Section 364-j (26) (b)**, Managed care providers shall not require prior authorization for any buprenorphine products, methadone or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder.

Please refer to this bulletin for guidance related to this update:

Formulary Structure and Criteria –

- For the New York State Medicaid MAT Formulary - [NYRx_PDP_MAT_Agents.pdf \(fhsc.com\)](https://www.fhsc.com/NYRx_PDP_MAT_Agents.pdf)
- UHCNY Preferred Drug list available at - [New York Medicaid Preferred Drug List \(PDL\) - UnitedHealthcare Community Plan of New York \(uhcprovider.com\)](https://www.uhcprovider.com/NewYorkMedicaidPreferredDrugList(PDL))

Effective October 1, 2021 - March 21, 2022

Single Statewide Medication Assisted Treatment (MAT) Formulary - New York		
Preferred Agents	Non preferred Agents	Coverage Criteria
Opioid Antagonists*		
naloxone (syringe, vial) naltrexone Narcan® (nasal spray)	Kloxxado™	
Opioid Dependence Agents - Injectable*		
Sublocade™ Vivitrol®	None	
Opioid Dependence Agents- Oral / Transmucosal*		
buprenorphine Suboxone (film) ** buprenorphine/naloxone (tablet)	buprenorphine/naloxone (film) Zubsolv®	<ul style="list-style-type: none"> Non preferred formulations need a Prior Auth Refer to PDL for QL for each formulation Prior Auth required for opioid therapy for members established on opioid dependence therapy
*All agents subject to FDA approved quantity /frequency /duration limits		
**New prescription not required when member is switching from generic to the brand product, consistent with the Medicaid FFS Brand less than generic program. This prescription will have a generic copayment and doesn't require DAW or Brand medically necessary on the prescription. Applies to Suboxone only		

Effective March 22, 2022

Single Statewide Medication Assisted Treatment (MAT) Formulary - New York	
Drugs	Coverage Parameters
Opioid Antagonists *	
naloxone (syringe, vial) naltrexone Narcan® (nasal spray) naloxone nasal spray® Kloxxado™	N/A
Opioid Dependence Agents - Injectable*	
Sublocade™ Vivitrol®	N/A
Opioid Dependence Agents- Oral / Transmucosal*	
Buprenorphine (tablet) buprenorphine/ naloxone (tablet) Suboxone® (film) buprenorphine/naloxone film Zubsolv®	<ul style="list-style-type: none"> Refer to PDL for QL for each formulation Prior Auth (PA) required for opioid therapy for members established on opioid dependence therapy Prior Auth (PA) required for initiation of a CNS stimulant for members established on opioid dependence therapy **
*All agents subject to FDA approved quantity /frequency /duration limits ** Added per NYS Nov. 2021 DURB recommendation	

1. **Prior Authorization Guidance:** For Opioid Antagonists and Opioid Dependence Agents

- Prior Authorization will not be required when prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder
- Prior Authorization may be required if utilization is inconsistent with FDA package labeling such as if frequency/quantity/duration limits are exceeded
- Prior Authorization required for opioid therapy for members established on opioid dependence therapy
- Prior Authorization required for initiation of a CNS stimulant for members established on an oral/transmucosal opioid dependence therapy

2. **Billing Instructions:**

- The Brand Less Than Generic (BLTG) strategy for Suboxone will **no longer be effective**
- Dispense as Written (DAW) Code of '9' will **no longer be in effect**
- Use a DAW Code that corresponds with how the prescription is written
- When submitting a claim for brand Suboxone, a submission of DAW Code of '1' is required
- If the medication is out of stock and additional assistance is needed, please contact the OptumRx Help Desk

3. **Medicaid Update Article:** Do follow this for any additional information by NYSDOH -

https://www.health.ny.gov/health_care/medicaid/program/update/main.htm

Claim Processing Information

Name of Processor	OptumRx
Bank Identification Number (BIN)	610494
Processor Control Number (PCN)	4800
Submitted Group (Group)	ACUNY

To help reduce processing errors, please confirm the information on the member's health plan ID card before submitting a claim.

If you have questions, please contact the OptumRx Help Desk,
24 hours a day, 7 days a week. Thank you.

OptumRx Help Desk:

- AARP® MedicareComplete and UnitedHealthcare MedicareComplete Plans: **877-889-6510**
- UnitedHealthcare Medicaid Plans: **877-305-8952**
- AARP® MedicareRx, United MedicareRx, UnitedHealthcare MedicareRx Plans: **877-889-6481**
- All other Plans: **800-788-7871**

Please distribute immediately.