



550 N. Meridian Street, Suite 101  
Indianapolis, IN 46204

Date

First Name Last Name  
Address1  
Address2  
City, State Zip

Dear Prescriber,

Managed Health Services (MHS) provides health coverage for members enrolled in Hoosier Healthwise, the Healthy Indiana Plan (HIP) and Hoosier Care Connect. To further support your efforts in treating patients with opioid use disorder, MHS has made a change to our drug formulary. **Effective December 1, 2017, preferred buprenorphine and buprenorphine/naloxone products will no longer require prior authorization.** The preferred agents in this class are generic sublingual (SL) tablets.

Please note that Bunavail films, Suboxone films, and Zubsolv SL tablets are non-preferred. As a result, the non-preferred buprenorphine/naloxone products will require a trial of the preferred generic sublingual tablets within the previous 120 days or a review to determine medical necessity for the non-preferred agent. Criteria will require one of the following:

- For patients with a hypersensitivity reaction to an inactive ingredient in the preferred generic buprenorphine/naloxone product, the reaction must be clearly documented in the patient's medical record.
- For patients who experience therapeutic failure or an adverse outcome with the preferred generic buprenorphine/naloxone product, confirmation of reporting the aforementioned event to the FDA on a MedWatch Form to the FDA is required. Please note that Suboxone films, Zubsolv SL tablets, or Bunavail films will not be approved for patients who report lesser efficacy with the generic buprenorphine/naloxone SL tablets unless it would be clinically inappropriate to address efficacy with dose adjustment.

Attached you will find a listing of your patients with recent claims for non-preferred buprenorphine/naloxone products. You may wish to consider changing their medication assisted therapy to the preferred product in order to avoid prior authorization. Patients currently on a non-preferred buprenorphine/naloxone product will be allowed to continue for 90 days. All outstanding prior authorizations will be honored for the full term of the previous approval as well.

If you have any questions about this letter, please call MHS Provider Services at 1-877-647-4848. Thank you for being our partner in care.

Sincerely,

MHS Pharmacy Department

