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Frequently Asked Questions:
MaineCare / Change Health Care Prior Authorization Processes for
Buprenorphine for Treatment of Opioid Use Disorder
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What medications for treatment of Opioid Use Disorder (OUD) are covered by MaineCare without a Prior Authorization (PA)?

MaineCare covers brand name Suboxone film and the generic buprenorphine/naloxone tablets as MaineCare “Preferred”/covered products for treatment of OUD without a PA; coverage is limited to these medications because they are currently the most cost-effective forms of buprenorphine on the MaineCare formulary.

Providers may prescribe buprenorphine combination products for MaineCare members without a PA at doses beyond the max dose of 16 mg/day up to 24 mg/day of buprenorphine for up to 30 days.

- If a clinician is prescribing within these parameters (over the max of 16 mg daily but less than or equal to 24 mg) for fewer than 30 days and the pharmacy refuses to fill the prescription and/or says that a PA is required, the prescriber (or delegate) can request assistance by calling the Change Health Care Pharmacy Help Desk at 1-888-420-9711.

When is a PA required for buprenorphine (both combination product with naloxone and monotherapy)?

A PA is required when a prescriber is requesting any of the following with the combination product:

1. Any doses greater than 24mg/day of the buprenorphine component.
2. Doses greater than 16mg and up to 24 mg/day of the buprenorphine component for more than 30 days.
3. Early refills for travel, or for lost or stolen medication.

A PA is required when a prescriber is requesting buprenorphine monotherapy in cases other than pregnancy.

I feel that my patient needs a dose greater than 16 mg daily of buprenorphine for more than 30 days. What do I need to do to get this covered?

Prescribers (or their delegates) requesting a PA should download and complete the [MaineCare PA form](#).

Indications for prescribing more than 16 mg/day (beyond a 30-day period) include:

1. Patients at high risk and/or with documented return to drug use while on 16 mg/day.
2. Pregnancy.
3. Other indications for higher dose based on clinical judgement of the prescriber (please provide indications on PA form).

My patient is pregnant, and I plan to prescribe buprenorphine monotherapy – will this require a PA?

First, clinicians should note that [studies have shown that the combined product may be safely continued for patients who are pregnant](#), so they may choose to keep pregnant patients on combination buprenorphine/naloxone.

If clinicians choose to switch or start pregnant women on buprenorphine monotherapy, a PA is not required if the prescriber indicates on the prescription that the patient is pregnant, and the prescription has the appropriate OUD/SUD diagnosis and exemption code (D).

- If the pharmacy refuses to fill the script and/or says that a PA is required for buprenorphine monotherapy that is < 16mg/day, the patient's pregnancy is indicated on the prescription and the appropriate OUD/SUD diagnosis and exemption code is included the prescriber can request assistance by calling the Change Health Care Pharmacy Help Desk at tel. 1.888.420.9711.

How do I complete a PA for buprenorphine?

Prescribers (or their delegates) requesting a PA should download and complete the [MaineCare PA form](#).

The prescriber (or delegate) must complete the required Provider and Member information, as well as the medication and dose being requested.

Please fax the completed form to: 1-888-879-6938. Alternatively, prescribers may sign up for and use [the online Change Health Care Online Provider Portal](#) to complete and submit PA requests.

How long is PA good for? (i.e., how often do I need to resubmit a PA request?)

Prior authorization approvals are good for 12 months from the time they are approved.

My patient says they're allergic to Suboxone (or naloxone in the buprenorphine/naloxone combination product) and is asking for buprenorphine monotherapy – does this require a PA?

Yes, a PA is required when requesting use of buprenorphine monotherapy for any reason other than pregnancy (including reported allergy to suboxone/naloxone).

The prescriber (or delegate) will need to complete the [Suboxone/Buprenorphine #20100 Form](#) and attach documentation from their medical record that supports the patient's signs and/or symptoms of allergy – i.e. description of true allergic reaction (e.g. rash, shortness of breath, anaphylaxis) is acceptable; note that other complaints such as bad taste, mouth tingling, etc. are not sufficient to document allergy.

After a PA has been approved for buprenorphine monotherapy:

- The prescriber will not need to complete a new PA to adjust the patient's dose up to a max dose of between 16 mg and 24 mg daily for fewer than 30 days.
- A new PA is required if the patient requires maintenance doses of greater than 16mg/day beyond the initial 30-day period.

Why does MaineCare require a diagnosis of OUD or SUD on a prescription for buprenorphine used for MAT?

MaineCare covers the preferred products of brand name Suboxone film, generic buprenorphine/naloxone combination tablets, and nonpreferred products for buprenorphine monotherapy (as tablets or as the long acting injectable, Sublocade) for the treatment of OUD/SUD only. Other buprenorphine containing products are covered for the diagnosis of pain (e.g., Butrans and Belbuca).

Due to the multiple indications for buprenorphine containing products, a diagnosis of either Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) must be written on the prescription. The pharmacy must submit a diagnosis of OUD/SUD when the pharmacy claim is adjudicated, or it will be rejected.

My patient is not doing well on sublingual buprenorphine and does not want to be on methadone for MAT. How do I get the long-acting injectable form, Sublocade, covered?

Sublocade is expensive but is covered in appropriate clinical situations.

The prescriber (or delegate) will need to complete [PA Form# 20420](#) and include appropriate clinical indications such as:

1. The intravenous misuse of buprenorphine.
2. Significant OUD-related complications such as endocarditis and/or sepsis.
3. Clinical judgement of prescriber (please provide this information on PA form).

Will a patient require a PA to be completed for their buprenorphine prescription if they are also receiving opioid analgesics for acute pain?

No, a PA will not be required for a buprenorphine prescription if a patient is also receiving opioid analgesics for acute pain.

Will a patient require a PA to be completed for their opioid analgesic prescription for acute pain if they are also receiving buprenorphine/naloxone or buprenorphine monotherapy prescriptions?

If the opioid analgesic prescription for acute pain is written for up to a 7 days' supply and for up to 30 MME, the prescription will not require a PA.

- If the pharmacy refuses to fill the script and/or says that a PA is required for an acute opioid analgesic prescription written for up to a 7 days' supply and for up to 30 MME, the prescriber can request assistance by calling the Change Health Care Pharmacy Help Desk at tel. 1-888-420-9711.

I am writing a prescription for buprenorphine for a situation that shouldn't need a PA, but the pharmacy is telling me my prescription needs a PA – why would this happen and what should I do?

The most common reasons that a pharmacy reports that a PA is needed without an apparent clinical indication include:

1. The pharmacy claim is missing the required diagnosis code (i.e., for SUD/ODU).
2. The prescription is missing the required Chapter 488 Exemption Code: D.
3. The prescription involves a MaineCare “Non-Preferred” medication. It can be helpful to ask the pharmacy to communicate the rejection message, as that should state why the claim rejected.

If the problem cannot be resolved, either the pharmacy or the prescriber (and/or delegate) should contact the Change Health Care (CHC) Pharmacy Helpdesk at 1-888-420-9711 for assistance submitting the claim or resolving PA requirements.

It is after 5 pm (or is a weekend or holiday) and my patient cannot fill their prescription, what can I do?

The Change Healthcare Pharmacy Help Desk is available (Tel. 1-888-420-9711) seven days per week, with hours as noted above. If the issue is identified after 5PM on a weekday, or anytime on a weekend, the pharmacy or prescriber/delegate should call the Help Desk and leave a message requesting an urgent call back. When leaving a message, prescribers should leave their name, patient name, pharmacy information and call back number.

If the situation is urgent, and/or no call back is received, the prescriber should remind the pharmacy that they are authorized to do an emergency 4-day override for the prescription (a “196 override”) and provide an initial 4-day fill until the issue can be resolved.

For more information:

Change Health Care (CHC) Pharmacy Prior Authorization Help Desk (Tel. 1-888-420-9711)

- Hours of Operation: Monday – Friday: 8am – 5pm
- Outside of those hours, prescribers should call the Pharmacy Prior Authorization Help Desk (Tel. 1-888-420-9711) and leave a message requesting an urgent call back. Prescribers (or delegates) should be sure to leave prescriber name, patient name, pharmacy information, and a call back number.
- Pharmacists can also the Pharmacy Help Desk (Tel. 888.420.9711). When leaving a message, pharmacists should leave their name, pharmacy NPI, prescription number (if available), and call back number.
- Messages are checked regularly during the following days & times:
 - Monday – Friday: 5pm - 8pm
 - Saturday and Sunday: 8am- 8pm