



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: September 25, 2014

MHSUDS INFORMATION NOTICE NO.: 14-032

TO: COUNTY BEHAVIORAL HEALTH PROGRAM ADMINISTRATORS

SUBJECT: MEDICATIONS USED IN TREATMENT OF SUBSTANCE USE
DISORDERS IN AN OUTPATIENT SETTING

The Department of Health Care Services would like to notify stakeholders of the continued availability of medications in the treatment of substance use disorders (SUD) through the Medi-Cal program. The information contained in the attached spreadsheet details the coverage restrictions, utilization controls as well as whether the medication requires a treatment authorization request or if it is carved out of managed care plans. These medications are intended for use in medication-assisted treatment (MAT) of SUD in outpatient settings. There has been no change to the pharmacy benefits medication list and the notice aides in information sharing for SUD stakeholders.

Background

MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating SUD, a combination of medication and behavioral therapies is most successful. MAT is clinically driven with a focus on individualized patient care.

Questions concerning this notice and its exhibits should be directed to:

Pharmacy Policy Branch
Pharmacy Benefits Division
Department of Health Care Services, MS 4604
P.O. Box 997413
Sacramento, CA 95899-7413

Sincerely,

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services

Enclosure

MEDI-CAL LIST OF DRUGS FOR SUBSTANCE USE DISORDERS.

Drugs (Listed by Generic Names / Brand Names)	Managed Care billing status: Carved Out? (Y/N)	Need Treatment Authorization Request? (Y/N)	Coverage Restrictions/ Utilization Controls
Acamprosate Calcium / Campral	Y	Y	Justification for use in lieu of formulary alternative
Buprenorphine tablets /Subutex	Y	Y	Patient must be 16 years or older, diagnosis of opioid addiction, prescriber to have Data 2000 waiver (X-DEA) & regular DEA, provider to document treatment phase, frequency of physician visits and proposed duration of treatment if know. Provider can request % variance in quantity. Initial TAR approval is for a maximum of 6 months and reauthorization is for up to 12 months for maintenance therapy.
Buprenorphine-Naloxone tablets & films / Suboxone	Y	Y	Patient must be 16 years or older, diagnosis of opioid addiction, prescriber to have Data 2000 waiver (X-DEA) & regular DEA, provider to document treatment phase, frequency of physician visits and proposed duration of treatment if know. Provider can request % variance in quantity. Initial TAR approval is for a maximum of 6 months and reauthorization is for up to 12 months for maintenance therapy.
Disulfiram /Antabuse	N	N	None
Naloxone HCl Injection/Narcan	Y	N	None
Atomization device for intranasal administration of naloxone	N	Y	TAR justifying the medical necessity for the use of the FDA unapproved route of administration.
Naltrexone Microsphere Injectable Suspension / Vivitrol	Y	Y	Recipient must be an Assembly Bill 109 parolee meeting the mandate specified in the Provider Bulletin, TAR must come from the Specialty Pharmacy as specified in Provider Bulletin, must document diagnosis of alcohol and/or opioid dependence and must adhere to FDA usual dose of 380 mg IM every 4 weeks.
Naltrexone tablets/ Revia	Y	N	Restricted to treatment of alcohol dependence & prevention of relapse in opioid dependent patients, for use only by prescribers trained in substance use disorder treatment, limit of 100 tablets and 3 dispensings in 75 days.