



Medication Coverage for Office-Based Opioid Treatment Quick Reference Guide (6.14.21/2.3)

This document provides a quick reference guide for primary care and other outpatient medical providers on how to apply the Delaware Division of Medicaid and Medical Assistance’s (DMMA) pharmacy guidance to Office-Based Opioid Treatment (OBOT). While providers are encouraged to refer to standard pharmacy guidance¹ for more detailed information, this document provides an overview of Preferred Drug List (PDL) placement, prior authorization requirements,² prescribing limitations (if any), and other relevant information regarding medications associated with the delivery of OBOT services.

Medications	Formulations on Preferred Drug List	Prior Authorization Required (Y/N)	Dosing or Dispensing Requirements	Copay (Y/N)?	Additional Details
Naloxone	Narcan 4 mg nasal spray Generic naloxone	N	There are no restrictions on how often naloxone prescriptions can be filled	N	Note that pharmacists can also dispense naloxone pursuant to the statewide standing order for naloxone: naloxonestandingorders.pdf (delaware.gov) .
Naltrexone	Naltrexone for extended-release injectable (Vivitrol)	N	Quantity limit of 1 per month but can be dispensed up to 5 days early	N	
	naltrexone oral	N	Can be dispensed up to 5 days early	N	

¹ Find guidance here: AmeriHealth Caritas ([Pharmacy Services - AmeriHealth Caritas Delaware](#)); Highmark Health Options ([Medication Information \(highmarkhealthoptions.com\)](#)); and DMMA Fee-for-Service ([Pharmacy Corner \(delaware.gov\)](#)).

² Copays for all drugs currently suspended due to the Public Health Emergency. Policy still in draft but we expect that copays will not be reinstated for MOUD.



Medications	Formulations on Preferred Drug List	Prior Authorization Required (Y/N)	Dosing or Dispensing Requirements	Copay (Y/N)?	Additional Details
Buprenorphine	buprenorphine oral tablet	All daily dose buprenorphine-containing products require prior authorization for total doses > 24 mg daily, or more than 2 units per day	Can be dispensed up to 3 days early	N	<p>Non-preferred products require a prior authorization for approval. For approval, providers should use the PDL, Quantity Limit, and Medical Necessity Prior Authorization Form (indicating why the non-preferred product is medically necessary).</p> <p>Non-preferred products: Lucemyra tablet, Zubsolv tablet, and Probuphine implant</p> <p>Find other prescriber requirements here.</p>
	buprenorphine/naloxone oral tablet buprenorphine/naloxone sublingual film (Suboxone)				
	buprenorphine extended-release injection (Sublocade)	N	Quantity limit of 1 per month but can be dispensed up to 3 days early	N	