



Updated Guidance: Statewide Formulary for Opioid Dependence Agents and Opioid Antagonists

Effective March 22, 2022

On December 22, 2021, Governor Hochul 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**, prior authorization will not be required for medications used for the treatment of substance use disorder prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder. **Prescriptions written outside of accepted guidelines may be subject to prior authorization.**

A Single Statewide Medication Assisted Treatment (MAT) formulary was implemented on October 1, 2022, in accordance with §367-a (7)(e) of Social Services Law. The [Single Statewide Medication Assisted Treatment formulary](#) aligns coverage parameters across Fee-for-Service (FFS) and Medicaid Managed Care.

Medicaid Managed Care Billing

- MMC enrollees will continue to access these medications by presenting their plan card to the pharmacy.
- Suboxone will no longer be preferred over other drugs in the class. **DAW Code of 9 will no longer be accepted for Suboxone claims.** Pharmacists should use a DAW code that corresponds with how the prescription is written.

FFS Billing

- Medicaid FFS members will continue to access these medications by presenting their Medicaid benefit card to the pharmacy.
- Suboxone will be removed from the BLTG program. **Dispense as Written (DAW) Code of 9 will no longer be accepted for Suboxone claims.** Pharmacists should use a [DAW code](#) that corresponds with how the prescription is written.

Pharmacies will receive the following NCPDP message when the appropriate DAW code is **not submitted** in field 408-D8:

Code Type	Code	Message	Field
NCPDP Reject Code	22	M/I Dispense as Written Code	408-D8

Reminder to Prescribers- Effective March 22, 2022, prescriptions for a brand name multi-source drug will be filled with a generic equivalent, as required by New York State Social Services and Education Law, unless the prescriber indicates “Dispense as Written (DAW)”, and “Brand Medically Necessary” on the prescription. The prescriber must also make a notation in the Medicaid member’s medical record that the drug is “brand medically necessary,” and the reason that a brand name multi-source drug is required.

Questions and Additional Resources

- Single Statewide Medication Assisted Treatment (MAT) Formulary website: <https://newyork.fhsc.com/providers/mat.asp>
- MC billing and/or coverage questions should be referred to the MC plan. Plan coverage and contact information can be found at the following website: <https://mmcdruginformation.nysdoh.suny.edu/>.
- FFS billing questions should be directed to General Dynamics Information Technology Company (GDIT) at (800) 343-9000.
- FFS coverage questions should be directed to Magellan at (877) 309-9493. FFS policy questions should be directed to the Medicaid Pharmacy Policy unit at ppno@health.ny.gov