

Updated New York State Regulations for Medicaid Opioid Dependence Agents and Opioid Antagonists

On October 1, 2021, New York State (NYS) implemented a single Medication Assisted Treatment (MAT) formulary in accordance with § 367-a (7) (e) of Social Services Law, which enacts a statewide formulary for Opioid Antagonists and Opioid Dependence Agents for Medicaid Managed Care (MMC) Plans and the Medicaid Fee for Service (FFS) Program. Under this statewide formulary, MMC and FFS Members will follow a single formulary and coverage parameters consistent across the Medicaid Program. On December 22, 2021, New York Governor Kathy Hochul signed Chapter 720 into law. This law amends NYS Social Services Law and Public Health Law, in relation to medication for the treatment of substance use disorders.

Effective March 22, 2022, the following changes will be made to comply with the new law:

- Prior authorization (PA) will no longer be required for medications used for the treatment of substance use disorders when prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder. Medication examples include brand Suboxone films, generic Suboxone (buprenorphine-naloxone) films, buprenorphine sublingual tablets, buprenorphine-naloxone sublingual tablets, naloxone nasal spray (generic Narcan) and Brand Narcan nasal spray. Visit [newyork.fhsc.com/providers/mat.asp](https://www.newyork.fhsc.com/providers/mat.asp) to review the Single Statewide Medication Assisted Treatment (MAT) Formulary.
- Prescriptions for a brand name multi-source drug (a brand name drug that has a generic equivalent, such as brand Suboxone films) will be filled with a generic equivalent, as required by NYS Social Services and Education Law, unless the prescriber indicates "Dispense as Written (DAW) and "Brand Medically Necessary" on the prescription.
- The current quantity limits for all of these products will remain the same. If a Member's therapy requires them to be on the medication dosed greater than the quantity limit, you may submit a Prior Authorization request, including clinical documentation to support its use in any of the following ways:
 1. *Sign in* to your MVP Provider Online Account at [mvphealthcare.com](https://www.mvphealthcare.com) and use the new electronic PA tool powered by Novologix.
 2. Use the appropriate MVP Prior Authorization form, which can be accessed at [mvphealthcare.com/Providers](https://www.mvphealthcare.com/Providers), then select *Forms*, then *Prior Authorization*, then select the appropriate form within the *Pharmacy* section. Completed forms should be faxed to MVP at **1-800-376-6373**.
 3. Submit a request through Surescripts or CoverMyMeds.

To view all communications, visit [mvphealthcare.com/FastFax](https://www.mvphealthcare.com/FastFax)

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.

