**Cumulative 24 months maximum coverage – Only 1 re-start permitted**

- Buprenorphine/naloxone and buprenorphine are only approved for opioid dependence ICD-10 codes that must be found in medical claims or written on prescription and entered by pharmacist with prescription claim (F11.10, F11.120, F11.129, F11.2xx, F11.90, F19.20 or F19.21).
- Buprenorphine is only approved for use during pregnancy. Appropriate ICD-10 codes must be found in medical claims or written on prescription and entered by pharmacist with prescription claim. Appropriate codes can be found at: [http://www.medicaid.ms.gov/wp-content/uploads/2015/09/Pharmacy_ICD-10Codes.pdf](http://www.medicaid.ms.gov/wp-content/uploads/2015/09/Pharmacy_ICD-10Codes.pdf)
- All buprenorphine/naloxone and buprenorphine prescribers must have current XDEA number.

**Opiate use restriction:**
- Beneficiaries cannot have prescription for more than 5 day supply of opiate while on buprenorphine/naloxone therapy.
- Cumulative maximum of 10 days of opiate treatment while on buprenorphine/naloxone therapy.
- Medicaid claims are electronically reviewed for opiate use. Physicians and pharmacists are encouraged to use Prescription Monitoring Program (PMP) to monitor opiate use paid for by cash or other payers.

**Trouble Shooting Rejections:**
- **Claim denied no diagnoses for opioid dependence or for pregnancy (buprenorphine use) found**
  - **Solution:** Physician should enter diagnosis code on prescription and pharmacy should enter diagnosis code on pharmacy claim and call Medicaid PA unit if claim is still rejected for lack of diagnosis.
- **Maximum daily dose exceeded for current step in therapy**
  - **Solution:** Limits at each step in therapy are absolute. Beneficiary may pay for additional pills.
- **Beneficiary has claim for > 5 days of opiate use in last 30 days**
  - **Solution:** Refill for buprenorphine/naloxone cannot be processed until 30 days after opiate prescription was filled.
- **Beneficiary has more than 10 days total opiate supply while on therapy**
  - **Solution:** Manual PA required from physician for appeal with medical justification for restarting or continuing treatment.