

## Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) Hot Tip: Opioid Use Disorder

Your Anthem patients on nonpreferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization and step therapy may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Anthem provider website. The *PDL* is subject to change quarterly.

| Therapeutic class                                           | Nonpreferred products <sup>1</sup>                                                                                                                                                                                                                 | Preferred products                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medication assisted treatment (MAT) for opioid use disorder | <ul style="list-style-type: none"> <li>• Bunavail film<sup>2</sup><br/>(buprenorphine/naloxone)</li> <li>• Suboxone SL film<sup>3</sup><br/>(buprenorphine/naloxone)</li> <li>• Zubsolv SL tab<sup>4</sup><br/>(buprenorphine/naloxone)</li> </ul> | <ul style="list-style-type: none"> <li>• Buprenorphine SL tab<sup>5</sup> (generic Subutex)</li> <li>• Buprenorphine/naloxone SL film<sup>3</sup><br/>(generic Suboxone)</li> <li>• Buprenorphine/naloxone SL tab<sup>5</sup> (generic Suboxone SL tablets)</li> </ul> |

<sup>1</sup> All non-preferred medications require prior authorization and step therapy.

Quantity Limits:

<sup>2</sup> Bunavail: max 12.6/2.1 mg per day, strength-dependent (2-6 buccal films per day)

<sup>3</sup> Suboxone films/SL tabs: max 24 mg/6 mg per day, strength-dependent (2-12 films/SL tabs per day)

<sup>4</sup> Zubsolv: max 17.2/4.2 mg per day, strength-dependent (1-23 SL tabs per day)

<sup>5</sup> Buprenorphine SL tab: max 24 mg per day, strength dependent (3-12 tablets per day)

If you have questions regarding this *Hot Tip*, call Provider Services at **1-844-396-2330** or email your Provider Relations representative at [nvproviderrelations@anthem.com](mailto:nvproviderrelations@anthem.com).

*PDL:* <https://mediproviders.anthem.com/nv/pages/formulary.aspx>