

Hot Tip: MAT for Opioid Use Disorder

Your Anthem Blue Cross and Blue Shield HP patients may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits 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	Preferred products ¹
Medication-assisted treatment (MAT) for opioid use disorder	<ul style="list-style-type: none"> • Bunavail film² (buprenorphine/naloxone) • Buprenorphine/naloxone SL film³ (generic Suboxone) • Zubsolv SL tab⁴ (buprenorphine/naloxone) • Suboxone SL film³ (buprenorphine/naloxone) • Buprenorphine SL tab⁵ (generic Subutex) • Buprenorphine/naloxone SL tab³ (generic Suboxone SL tablets) • Naloxone syringe/vial • Narcan Nasal Spray • Sublocade injection • Vivitrol injection • Zimhi injection
<p>¹Concomitant therapy of MAT and opioid or central nervous system (CNS) stimulant will require prior authorization.</p> <p>Quantity limits:</p> <p>² Bunavail: Max 12.6/2.1 mg per day, strength-dependent (2 to 6 buccal films per day)</p> <p>³ Suboxone films/SL tabs: Max 24 mg/6 mg per day, strength-dependent (2 to 12 films/SL tabs per day)</p> <p>⁴ Zubsolv: Max 17.2/4.2 mg per day, strength-dependent (1 to 23 SL tabs per day)</p> <p>⁵ Buprenorphine SL tab: Max 24 mg per day, strength dependent (3 to 12 tablets per day); Max of 2-day supply for induction; Additional day supply requires prior authorization</p>	

You can locate the *PDL* at <https://providers.anthem.com/ny> > Resources > Pharmacy Information > New York Medicaid Preferred Drug List (*PDL*).

If you have questions regarding this *Hot Tip*, call Provider Services at **800-450-8753**.