



An Anthem Company

Empire BlueCross BlueShield HealthPlus (Empire) Hot Tip: Opioid Use Disorder

Your Empire 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 Empire provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products ¹	Preferred products
Medication assisted treatment (MAT) for opioid use disorder	<ul style="list-style-type: none"> • Belbuca film² (buprenorphine) • Bunavail film³ (buprenorphine/naloxone) • Buprenorphine TD patch⁴ (generic Butrans) • Butrans TD patch⁴ (buprenorphine) • Suboxone SL film⁵ (buprenorphine/naloxone) • Zubsolv SL tab⁶ (buprenorphine/naloxone) 	<ul style="list-style-type: none"> • Buprenorphine SL tab⁷ (generic Subutex) • Buprenorphine/naloxone SL film⁵ (generic Suboxone) • Buprenorphine/naloxone SL tab⁶ (generic Suboxone SL tablets)

¹ All non-preferred medications require prior authorization and step therapy.

Quantity Limits:

² Belbuca: 2 buccal films per day, all strengths

³ Bunavail: max 12.6/2.1 mg per day, strength-dependent (2-6 buccal films per day)

⁴ Butrans: 4 patches per 28 days, all strengths

⁵ Suboxone films/SL tabs: max 24 mg/6 mg per day, strength-dependent (2-12 films/SL tabs per day)

⁶ Zubsolv: max 17.2/4.2 mg per day, strength-dependent (1-23 SL tabs per day)

⁷ Buprenorphine SL tab: max 24 mg per day, strength dependent (3-12 tablets per day); requires prior authorization

If you have questions regarding this *Hot Tip*, call Provider Services at **1-800-450-8753**.

PDL: <https://mediproviders.empireblue.com/ny/pages/formularies.aspx>

www.empireblue.com/nymedicaidoc

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