

Medication Assisted Treatment (MAT) Formulary

Effective May 5, 2022

Medication Assisted Treatment (MAT) Formulary	
**Prior authorization will not be required when prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder. **	
Drugs	Coverage Parameters
Opioid Antagonists	
Kloxxado™ naloxone (syringe, vial, nasal spray) naloxone (nasal spray) OTC naltrexone Narcan® (nasal spray) Narcan® OTC Opvee® Zimhi™*	n/a
Opioid Dependence Agents – Injectable	
Brixadi™ Vivitrol® Sublocade™	n/a
Opioid Dependence Agents – Oral/Transmucosal ^{F/Q/D}	
buprenorphine (tablet) buprenorphine/naloxone (tablet) Suboxone® (film) buprenorphine/naloxone (film) Zubsolv®	<p>QUANTITY LIMIT:</p> <ul style="list-style-type: none"> • buprenorphine sublingual (SL): Eight tablets dispensed as a 2-day supply; not to exceed 32 mg per day • buprenorphine/ naloxone tablet and film (Suboxone® up to 8mg/2mg strength, Zubsolv® up to 5.7 mg/1.4 mg strength); Four sublingual tablets or films per day; maximum of 120 tablets or films dispensed as a 30-day supply, not to exceed 32 mg-8 mg of Suboxone®, or its equivalent per day • buprenorphine/naloxone tablet Suboxone® 12mg/3mg, Zubsolv® 8.6 mg/2.1 mg and Zubsolv® 11.4 mg/2.9 mg strength: Maximum of 60 tablets dispensed as a 30-day supply <p>RELATED CLINICAL CRITERIA (CC)</p> <ul style="list-style-type: none"> • PA required for initiation of opioid therapy for patients on established opioid dependence therapy • PA required for initiation of a CNS stimulant for patients established on opioid dependence therapy **