

December 2024

## ***Hot Tip: Medication-Assisted Treatment for Opioid Use Disorder***

Your Healthy Blue patients on non-preferred products may experience a pharmacy claim rejection if specific requirements are not met. Consider prescribing preferred products to help avoid additional steps or delays at the pharmacy. *Clinical Criteria* may need to be met for certain preferred products. Coverage should be verified by reviewing the *Preferred Drug List* on the [provider website](#). The *Preferred Drug List* is subject to change quarterly and at the department's discretion.

Non-preferred medication-assisted treatment (MAT) products require trial and failure of two preferred drugs to be approved.

Preferred products	Non-preferred products
Brixadi weekly/monthly syringe	Buprenorphine-Naloxone SL film <sup>1</sup> <i>Generic for Suboxone</i>
Buprenorphine-Naloxone SL tablet <sup>1</sup> <i>Generic for Suboxone</i>	Lucemyra tablet <sup>2</sup> Lofexidine tablet <i>Generic for Lucemyra</i>
Buprenorphine SL tablet <i>Generic for Subutex</i>	Zubsolv tablet SL
Suboxone SL film <sup>1</sup>	
Sublocade	
<sup>1</sup> Maximum daily dose of 24 mg/day (Suboxone and buprenorphine/naloxone). For daily doses between 24 mg and up to 32 mg, a pharmacist may override the edit at point-of-sale after consulting the prescriber to determine the clinical need for the higher dose. <sup>2</sup> Individuals with a diagnosis of opioid withdrawal symptoms are exempt from non-preferred requirements.	

If you have questions regarding this *Hot Tip*, call Provider Services at **844-594-5072**.

<https://provider.healthybluenc.com>

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.  
NCHB-CD-074405-24-SRS74304 January 2025