

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 ¹ <i>Generic for Suboxone</i>
Buprenorphine-Naloxone SL tablet ¹ <i>Generic for Suboxone</i>	Lucemyra tablet ² Lofexidine tablet <i>Generic for Lucemyra</i>
Buprenorphine SL tablet <i>Generic for Subutex</i>	Zubsolv tablet SL
Suboxone SL film ¹	
Sublocade	
¹ 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. ² 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>

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