

## MAT (Medication Assisted Treatment) Formulary Changes effective 10/1/2021

Starting October 1, 2021, New York State will have a single Opioid Dependence Agents and Opioid Antagonists formulary for Medicaid Managed Care Plans and Medicaid Fee-for-Service. For more information, visit <https://newyork.fhsc.com/providers/mat.asp>.

For SelectHealth Formulary: [selecthealthny.org/drugcoverage](https://selecthealthny.org/drugcoverage)

For Prior Authorizations (Providers only): 1-888-678-7741

For Prior Authorization fax form: click [here](#) and fax to 1-858-790-7100

### Opioid Antagonists

Formulary/Preferred	Non-Formulary/Non-Preferred	Standard Clinical Criteria	Changes
Narcan (nasal spray)	Kloxxado QL 4 units (2 boxes)/30 days	Narcan QL 2 units/fills	Narcan QL 2 units/fills
Naltrexone	None	None	None
naloxone (syringe, vial)	Evzio	None	None

### Opioid Dependence Agents – Injectable

Formulary/Preferred	Non-Formulary/Non-Preferred	Standard Clinical Criteria	Changes
Sublocade	None	None	None
Vivitrol	None	None	None

### Opioid Dependence Agents - Oral/Transmucosal

Formulary/Preferred	Non-Formulary/Non-Preferred	Standard Clinical Criteria	Changes
buprenorphine sublingual (SL) tabs	Bunavail	<b>Clinical Criteria (CC): Prior Authorization required</b> for opioids when member has a history of buprenorphine (mono or combo) product in last 30 days  <b>Prior Authorization required</b> for buprenorphine SL tabs when member has a history of 6 buprenorphine SL tablets in the prior 90 days.  <b>Prior Authorization required</b> for buprenorphine SL tabs when member has a history of at least 7 days of	Suboxone film formulary
Suboxone films	buprenorphine/ naloxone film		Zubsolv, Bunavail, and buprenorphine/naloxone film non-formulary
buprenorphine/naloxone tablets	Zubsolv		buprenorphine 2 mg SL tablets limited to 12 per day or 24 per 90 days  buprenorphine 8 mg SL tablets limited to 3 per day or 6 per 90 days  Prior Approval required for an opioid with history of buprenorphine or

Formulary/Preferred	Non-Formulary/Non-Preferred	Standard Clinical Criteria	Changes
		<p>buprenorphine/naloxone therapy in the prior 30 days</p> <p><b>Quantity Limit (QL): buprenorphine SL tabs:</b> Three 8 mg or twelve 2 mg tablets/day</p> <p><b>buprenorphine/naloxone tablet and film (Bunavail, Suboxone, Zubsolv up to 5.7mg/1.4mg strength):</b> Three tablets or films per day</p> <p><b>buprenorphine/naloxone tablet (Zubsolv 8.6mg/2.1mg and Suboxone 12mg/3mg strengths):</b> Two tablets per day</p> <p><b>buprenorphine/naloxone tablet (Zubsolv 11.4mg/2.9mg strength):</b> One tablet per day</p>	<p>buprenorphine/naloxone product in the past 30 days</p> <p>Prior Approval required for buprenorphine SL tablets with a history of 6 or more buprenorphine SL tablets in the past 90 days</p> <p>Prior Approval required for buprenorphine SL tablets with a history of 7 or more days of buprenorphine/naloxone therapy in the previous 30 days</p> <p>Zubsolv 8.6mg/2.1mg and Suboxone 12mg/30mg limited to 2 units per day</p> <p>Zubsolv 11.4mg/2.9mg limited to 1 tablet per day</p>

If you have any questions, please call the SelectHealth Care Team at 1-866-469-7774 (TTY: 711), 8 am – 6 pm, Monday – Friday.

*This notice is also available in other formats for members with special needs or members who speak languages other than English. Please call the phone number listed above for help.*