

Amerigroup Community Care Hot Tip: Opioid Use Disorder

Your Amerigroup patients on nonpreferred products will experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, please consider prescribing preferred products whenever possible.

Therapeutic class	Nonpreferred products	Preferred products
Medication assisted treatment (MAT) for opioid use disorder	Bunavail ¹ Zubsolv ²	Buprenorphine 2 mg-Naloxone .5 mg SL tab ³ Buprenorphine 8 mg-Naloxone 2 mg SL tab ³ Suboxone Film (all strengths) ³ Buprenorphine 2 mg SL tab ⁴ Buprenorphine 8 mg SL tab ⁴
<p>1 Bunavail (all strengths) quantity limits: Initial three months therapy dose limit: 12.6 mg/2.1 mg per day Maintenance dose limit: 8.4 mg/1.4 mg per day</p> <p>2 Zubsolv (all strengths) quantity limits: Initial three months therapy dose limit: 17.1 mg/4.2 mg per day Maintenance dose limit: 11.4 mg/2.9 mg per day</p> <p>3 Buprenorphine/Naloxone and Suboxone film (all strengths) quantity limits: Initial three months therapy dose limit: 24 mg/6 mg per day Maintenance dose limit: 16 mg/4 mg per day</p> <p>4 Buprenorphine (all strengths) quantity limits: 24 mg per day for two days (induction dose) Maintenance therapy: May be approved if individual is pregnant or individual has documented allergic reaction to Buprenorphine/Naloxone.</p>		

If you have questions regarding this *Hot Tip*, please call Provider Services at 1-800-454-3730.

Preferred Drug List: <https://providers.amerigroup.com/pages/nj-2012.aspx>