

## NYS Medicaid Fee-For-Service Preferred Drug List

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
<b>XVI. Medication Assisted Treatment Agents</b>		
<b>Opioid Antagonists</b>		
naloxone (syringe, vial) naltrexone Narcan® (nasal spray)	Kloxxado™	
<b>Opioid Dependence Agents – Injectable</b>		
Vivitrol® Sublocade™	None	
<b>Opioid Dependence Agents – Oral/Transmucosal <sup>CC, F/Q/D</sup></b>		
buprenorphine buprenorphine / naloxone (tablet) <sup>‡</sup> Suboxone® (film) <a href="#">BLTG</a>	Bunavail® buprenorphine / naloxone (film) Zubsolv®	<b>CLINICAL CRITERIA (CC)</b> PA required for initiation of opioid therapy for patients on established opioid dependence therapy  <b>QUANTITY LIMIT:</b> <b>buprenorphine sublingual (SL):</b> Six tablets dispensed as a 2-day supply; not to exceed 24 mg per day <b>buprenorphine/ naloxone tablet and film (Bunavail™, Suboxone®, Zubsolv®</b> up to 5.7 mg/1.4 mg strength); Three sublingual tablets or films per day; maximum of 90 tablets or films dispensed as a 30-day supply, not to exceed 24 mg-6 mg of Suboxone, or its equivalent per day <b>buprenorphine/naloxone tablet (Zubsolv®</b> 8.6 mg/2.1 mg strength): Maximum of 60 tablets dispensed as a 30-day supply <b>buprenorphine/naloxone tablet (Zubsolv®</b> 11.4 mg/2.9 mg strength): Maximum of 30 tablets dispensed as a 30-day supply