

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	NA	NA	NA	NA	X	NA	NA	NA	NA	NA	X	NA	NA	NA

*FHK- Florida Healthy Kids

Buprenorphine/Naloxone Agents – GA, NY and SC MCD ONLY

Override(s)	Approval Duration
Quantity Limit Step Therapy	1 year

Medications	Status	Strength	Quantity Limit
Buprenorphine with naloxone Sublingual Tablet	Preferred	2mg – 0.5mg	12 sublingual tablets per day*
		8mg – 2mg	3 sublingual tablets per day*
Suboxone (buprenorphine with naloxone) Sublingual Film	Preferred	2mg – 0.5mg	12 films per day*
		4mg – 1mg	6 films per day*
		8mg – 2mg	3 films per day*
		12mg – 3 mg	2 films per day*
Zubsolv (buprenorphine with naloxone) Sublingual Tablet	Non-Preferred	0.7mg-0.18mg	23 sublingual tablets per day
		1.4mg – 0.36mg	12 sublingual tablets per day
		2.9mg – 0.71mg	4 sublingual tablets per day

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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		5.7mg – 1.4mg	3 sublingual tablets per day
		8.6mg – 2.1 mg	2 sublingual tablets per day*
		11.4mg – 2.9mg	1 sublingual tablet per day
			*Indicates FDA maximum recommended dose for specific drug and dosage strength – 17.2 mg/4.2 mg
Bunavail (buprenorphine with naloxone) Buccal Films	Non-Preferred	2.1mg – 0.3mg	6 buccal films per day
		4.2mg – 0.7mg	3 buccal films per day*
		6.3mg – 1mg	2 buccal films per day
			*Indicates FDA maximum recommended dose for specific drug and dosage strength – 12.6 mg/2.1 mg

APPROVAL CRITERIA

Requests for all non-preferred buprenorphine with naloxone products (Bunavail, and Zubsolv) for GA, NY and SC markets may be approved for individuals who meet the following criteria:

- I. Individual meets one of the following:
 - A. Individual has been on the requested product in the previous 180 days **OR**
 - B. Individual has had a trial of one preferred buprenorphine with naloxone agent (current preferred agents: buprenorphine/naloxone sublingual tablets, Suboxone film) in the previous 180 days.

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

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