

Medication to treat substance use disorder

This list describes our prescription plan coverage for medications for substance use disorder, including quantity limits and prior authorization requirements.

Authorization resources

To request prior authorization, a formulary exception for a non-covered medication, or an exception to the quantity limit noted, please submit the appropriate form.

- **Commercial plans:** [Massachusetts Standard Form for Medication Prior Authorization Requests \(eForm\)](#)
- **Medicare Advantage plans:** [Medicare Part D Coverage Determination Request Form](#)

For more information, see our [prior authorization page](#).

Medication Look-up

To find a medication on our formularies, you can also use our medication look-up tools.

- **Commercial plans:** [Medication Look-Up](#)
- **Medicare Advantage plans:** [MAPD Medication Look-Up](#)

Commercial					Medicare Advantage			
Medication	Tier 3-tier benefit ¹	Quantity limit ²	Prior authorization required?	Notes	Tier 5-tier benefit ³	Quantity limit ²	Prior authorization required?	Notes
Buprenorphine	1	2 mg tab: 90/prescription 8 mg tabs: 60/prescription	N		2	N	N	
Buprenorphine and Naloxone	1	8mg/2mg SL tabs: 60/prescription 2mg/0.5mg tabs: 90/prescription	N		2	N	N	
Naltrexone implant	Benefit exclusion ⁴	Benefit exclusion	Benefit exclusion	Not FDA approved	Benefit exclusion ⁴	Benefit exclusion ⁴	Benefit exclusion ⁴	Not FDA approved

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Commercial					Medicare Advantage			
Medication	Tier 3-tier benefit ¹	Quantity limit ²	Prior authorization required?	Notes	Tier 5-tier benefit ³	Quantity limit ²	Prior authorization required?	Notes
Suboxone filmtab	2	4 mg/1 mg, 12 mg/3 mg SL film strips: 30/prescription 8 mg/2 mg SL film strips: 60/prescription 2 mg/0.5 mg SL film strips: 90/prescription	N		3	N	N	
Vivitrol injection	3	1 syringe/prescription	N	Naltrexone injection	Non-covered	N	N	Formulary exception required

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Medication footnotes

- ¹. Most members have a 3-tier benefit, but some may have additional tiers for their plan.
- ². To cover a quantity that's greater than what we list, you need to request prior authorization (quality care dosing override). For more details, see [Medical Policy #727 Quality Care Dosing Guidelines](#).
- ³. Most members have a 5-tier benefit, but some employer groups offer a 3-tier benefit.
- ⁴. Benefit exclusion means our members do not have any prescription plan coverage for this medication, and we do not make exceptions.