FirstChoice
by Select Health of South Carolina
Your Hometown Health Plan

Healthy Connections

Medication Assistance Therapy (MAT) products

This is list of MAT products covered by First Choice. These medications are covered under the pharmacy benefit and are subject to change. Provide a prescription to members who you feel would benefit from one or more of these products. If a product is not listed, submit a request for prior authorization. (This document is to be used as a reference guide only.)

	Brand/trade name	Generic	Age limit	Quantity limit	Preferred status
Alcohol	Campral	Acamprosate			PA
	Antabuse 250 mg Tablet	Disulfiram 250 mg Tablet			Preferred
	Antabuse 500 mg Tablet	Disulfiram 500 mg Tablet			Preferred
		Naltrexone 50 mg Tablet			Preferred
	Vivitrol 380 mg Intramuscular Suspension	Naltrexone		1/30D	Preferred

	Brand/trade name	Generic	Age limit	Quantity limit	Preferred status
Opioid	Bunavail 2.1 mg-0.3 mg Buccal Film				PA
	Bunavail 4.2 mg-0.7 mg Buccal Film				PA
	Bunavail 6.3 mg-1 mg Buccal Film				PA
	Dolophine 5 mg Tablet	Methadone 5 mg Tablet			PA
	Dolophine 10 mg Tablet	Methadone 10 mg Tablet			PA
	Subutex 2 mg Tablet	Buprenorphine	Min 16Yo	90/30	Preferred
	Subutex 8 mg Tablet	Buprenorphine	Min 16Yo	90/30	Preferred
	Suboxone 2 mg/0.5 mg Sublingual Tablets	Buprenorphine/Naloxone	Min 16Yo	90/30	Preferred
	Suboxone 8 mg/2 mg Sublingual Tablets	Buprenorphine/Naloxone	Min 16Yo	90/30	Preferred
	Stadol 10 mg/mL Nasal Spray	Butorphanol Tartrate 10 mg/mL Nasal Spray		5/30D	Preferred w/ PA
	Nubain 10 mg/mL Nasal Spray	Nalbuphine 10 mg/mL Injection Solution			Preferred
	Nubain 20 mg/mL Nasal Spray	Nalbuphine 20 mg/mL Injection Solution			Preferred
	Suboxone 2 mg-0.5 mg Sublingual Film	Buprenorphine/Naloxone	Min 16Yo		PA
	Suboxone 4 mg-1 mg Sublingual Film	Buprenorphine/Naloxone	Min 16Yo		PA
	Suboxone 8 mg-2 mg Sublingual Film	Buprenorphine/Naloxone	Min 16Yo		PA
	Suboxone 12 mg-3 mg Sublingual Film	Buprenorphine/Naloxone	Min 16Yo		PA
	Vivitrol 380 mg Intramuscular Suspension	Naltrexone		1/30D	Preferred
	Narcan 4 mg/Actuation Nasal Spray** (see note below)			4/30D	Preferred
	Evzio 0.4 mg/0.4 mL Injection, Auto-Injector				Preferred w/ PA
	Evzio 2 mg/0.4 mL Injection, Auto-Injector				Preferred w/ PA
		Naltrexone 50 mg Tablet			Preferred

FirstChoice by Select Health of South Carolina
Your Hometown Health Plan | Healthy Connections

	Brand/trade name	Generic	Age limit	Quantity limit	Preferred status
Opioid	Sublocade 100 mg/0.5 mL Solution, Subcutaneous Syringe				PA
	Sublocade 300 mg/1.5 mL Solution, Subcutaneous Syringe				PA
	Probuphine Implant	Buprenorphine Implant			PA

	Brand/trade name	Generic	Age limit	Quantity limit	Preferred status
Nicotine	Chantix 0.5 mg Tablet			60/30	Preferred
	Chantix 1 mg Tablet			120/ 365	Preferred
	Chantix Starting Month Box 0.5 mg (11)-1 mg (42) Tablets			53/365	Preferred
	Nicotine (Polacrilex) 2 mg Buccal Lozenge			480/30	Preferred
	Nicotine (Polacrilex) 4 mg Buccal Lozenge			480/30	Preferred
	Nicotine (Polacrilex) 2 mg Gum			480/30	Preferred
	Nicotine (Polacrilex) 4 mg Gum			480/30	Preferred
	Nicotine 7 mg/24 hr Daily Transdermal Patch			28/365 Max 1/Day	Preferred
	Nicotine 14 mg/24 hr Daily Transdermal Patch			56/365 Max 1/Day	Preferred
	Nicotine 21 mg/24 hr Daily Transdermal Patch			28/365 Max 1/Day	Preferred
	Nicotrol 10 mg Inhalation Cartridge			504/30 Max 3/Day	Preferred
	Nicotrol Ns 10 mg/mL Nasal Spray			120 mL/30 Days	Preferred
	Wellbutrin Sr 150 mg Tablets	Bupropion Hcl Sr 150 mg Tablets		90/30	Preferred

Please note: First Choice is a generic mandated program. Therefore, in most cases where a generic is available, the generic product is preferred.

**Prescription is not required to obtain product.

PA: Prior Authorization Required

- A prior authorization may be submitted for any product that exceeds the plan's quantity limit or is below the recommended age limit.

Preferred: First Choice's preferred product or drug