

# Common medications to treat pain and substance use disorder

This list describes our prescription plan coverage for medications for pain and 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 <sup>1</sup>	Quantity limit <sup>2</sup>	Prior authorization required?	Notes	Tier: 5-tier benefit <sup>3</sup>	Quantity limit <sup>2</sup>	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  4 mg/1 mg, 12 mg/ 3 mg SL film strips: 30/prescription  8 mg/2 mg SL film strips: 30/prescription  2 mg/0.5 mg SL film strips: 90/prescription	N		2	N	N	
Butrans Patch	2	4 patches/prescription	Y	Refer to <a href="#">Medical Policy #102 Opioid and Opioid Combination Medication Management</a> for coverage requirements	Non-covered	N	N <sup>5</sup>	<a href="#">Formulary exception required</a>

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Diclofenac topical gel 1%	1	500 gm	N	Generic for Voltaren	2	N	N	
Duloxetine 20mg, 60mg	1	60 capsules/prescription	N	Generic for Cymbalta	2	N	N	
Duloxetine 30mg	1	30 capsules/prescription	N	Generic for Cymbalta	2	N	N	
Gabapentin	1	None	N	Generic for Neurontin	1	N	N	
Lidocaine 5% patches	1	90 patches/prescription	N	4% available OTC	2	N	Y	Medicare does not cover off-label uses
Lidoderm 5% patches	Non-covered	90 patches/prescription	N	4% available OTC <a href="#">Formulary exception required</a>	Non-covered	N	N	<a href="#">Formulary exception required</a> Medicare does not cover off-label uses
Naltrexone implant	Benefit exclusion <sup>4</sup>	Benefit exclusion	Benefit exclusion	Not FDA approved	Benefit exclusion <sup>4</sup>	Benefit exclusion <sup>4</sup>	Benefit exclusion <sup>4</sup>	Not FDA approved

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Nortriptyline	1	None	N	Generic for Pamelor	2	N	N	
Nucynta	Non-covered	60/prescription	Y	Refer to <a href="#">Medical Policy #102 Opioid and Opioid Combination Medication Management</a> for coverage requirements.	Non-covered	N	N <sup>5</sup>	<a href="#">Formulary exception required</a>
Suboxone filmtab	2	4 mg/1 mg, 12 mg/3 mg SL film strips: 30/prescription 8 mg/2 mg SL film strips: 30/prescription 2 mg/0.5 mg SL film strips: 90/prescription	N (most strengths)	We require prior authorization for 16mg/day <a href="#">Formulary exception required</a>	3	N	N	
Tramadol IR	1	None	N	Generic for Ultram	2	N	N <sup>5</sup>	
Tramadol ER	2	None	N	Generic for Ultram	2	N	N <sup>5</sup>	
Vivitrol injection	3	1 syringe/prescription	N	Naltrexone injection	Non-covered	N	N	<a href="#">Formulary exception required</a>

## 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.
5. This medication requires prior authorization for quantities exceeding an accumulated morphine equivalent dose of 200 mg per day.