

**Opioid Use Disorder Preferred/Formulary Drugs  
for Fee-for-Service and Cardinal Care Managed Care Organizations**

**Last Updated January 1, 2024**

Please visit the current Virginia Medicaid Preferred Drug List/Common Core Formulary located online: [VAmed-PDL-List-Criteria-20240101.pdf](https://www.viriniamedicaidpharmacyservices.com/VAmed-PDL-List-Criteria-20240101.pdf)  
([viriniamedicaidpharmacyservices.com](https://www.viriniamedicaidpharmacyservices.com))

The following drugs **do not require a prior authorization (PA)** when prescribed by an in-network Medicaid prescriber and in accordance to the Virginia Board of Medicaid regulations for [Prescribing Opioids and Buprenorphine](#):

- Buprenorphine SL
- Suboxone® SL film  $\leq$  24mg/day
- Buprenorphine/naloxone SL tab  $\leq$  24mg/day
- Sublocade™ SQ

The opioid antagonists below may be written by any in-network Medicaid prescriber:

- Kloxxado™ Spray
- Naloxone syringe & vial
- Naloxone nasal spray
- Naloxone nasal spray OTC
- Naloxone Carpuject®
- Naltrexone tab
- Narcan® Nasal Spray
- Vivitrol®
- Zimhi™

The following drugs **require a PA** as they are non-preferred agents:

- Brixadi™
- Buprenorphine/naloxone SL film
- Probuphine® implant
- Zubsolv™
- Lucemyra®