



# DRUG COVERAGE FOR OPIOID ADDICTION TREATMENTS

EmblemHealth will now cover you for medicines used to treat substance-use disorders. This includes medicines usually prescribed for opioid addiction and dependence. These medicines, along with counseling and behavioral therapies, can successfully treat these disorders and help with recovery.

The following brand and generic drugs are covered. A generic drug is a lower cost version of a brand-name drug. The generic version has the same chemical properties as the brand-name drug.

Brand Name	Generic Name	Drug Status
BUNAVAIL	buprenorphine hcl/naloxone hcl	Non Preferred Brand
<i>buprenorphine hcl</i>	buprenorphine hcl	Preferred Generic
<i>buprenorphine-naloxone</i>	buprenorphine hcl/naloxone hcl	Preferred Generic
EVZIO	naloxone hcl	Non Preferred Brand
<i>naloxone hcl</i>	naloxone hcl	Preferred Generic
<i>naltrexone hcl</i>	naltrexone hcl	Preferred Generic
NARCAN	naloxone hcl	Preferred Brand
PROBUPHINE	buprenorphine hcl	Non Preferred Brand
REVIA	naltrexone hcl	Non Preferred Brand
SUBOXONE	buprenorphine hcl/naloxone hcl	Preferred Brand
ZUBSOLV	buprenorphine hcl/naloxone hcl	Non Preferred Brand

Based on your plan, you may have to pay a portion of the cost for your medicines. This may include a:

- Copay – the amount you pay for drugs.
- Deductible – the amount you pay for drugs before EmblemHealth starts to pay each year.
- Coinsurance – the percentage you pay for drugs after your deductible when EmblemHealth begins to pay.

You can find the amount you have to pay for a 30 day supply of opioid addiction treatment drugs in the chart below.

Plan name	Generic	Preferred Brand	Non-Preferred Brand
GHI PPO	20% coinsurance (\$5 minimum charge) or the actual cost of the drug, if it costs less. This applies after you have met a \$150 individual or \$450 family deductibles.	40% coinsurance (\$25 minimum charge) or the actual cost of the drug, if it costs less. This applies after you have met a \$150 individual or \$450 family deductibles.	50% coinsurance (\$40 minimum charge) or the actual cost of the drug, if it costs less. This applies after you have met a \$150 individual or \$450 family deductibles.
HIP HMO	\$5 copay	\$15 copay	Not covered
GHI HMO	\$8 copay	\$16 copay	\$30 copay
HIP POS	\$10 copay	\$35 copay	Not covered
Vytra	\$7, after you have met a \$50 deductible.	\$14, after you have met a \$50 deductible.	Not covered