



**GEORGIA MEDICAID FEE-FOR-SERVICE
OPIATE DEPENDENCE TREATMENTS PA SUMMARY**

Preferred	Non-Preferred
Buprenorphine generic Buprenorphine/naloxone sublingual tablets generic Naltrexone generic Suboxone (buprenorphine/naloxone film)	Lucemyra (lofexidine) Zubsolv (buprenorphine/naloxone sublingual tablets)
Naloxone injection generic Naloxone nasal spray OTC generic Narcan Nasal Spray OTC (naloxone nasal spray)	Kloxxado Nasal Spray (naloxone) Zimhi (naloxone injection)

LENGTH OF AUTHORIZATION: Varies

NOTE:

- Concurrent therapy of medications in this class with opioids requires the prescriber to submit a written letter of medical necessity stating the reasons the member requires concurrent therapy with opioids.

PA CRITERIA:

Lucemyra

- ❖ Approvable for members 18 years of age or older with a diagnosis of opioid dependency when used for mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation who were started on the medication in an inpatient facility or who have an allergy, contraindication, drug-drug interaction, or intolerable side effect with the preferred product, buprenorphine/naloxone (Suboxone).

Zubsolv

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Suboxone films and generic buprenorphine/naloxone sublingual tablets, are not appropriate for the member.

Kloxxado and Zimhi

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic naloxone injection, generic naloxone nasal spray OTC and brand Narcan Nasal Spray OTC, are not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.