



**GEORGIA MEDICAID FEE-FOR-SERVICE  
OPIATE DEPENDENCE AGENTS 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)
Kloxxado Nasal Spray (naloxone)* Naloxone injection generic Narcan Nasal Spray (naloxone nasal solution)*	Zimhi (naloxone injection)

\*Preferred but requires prior authorization

**LENGTH OF AUTHORIZATION:** Varies

**NOTE:**

- Kloxxado and Narcan Nasal Spray are preferred but require prior authorization..
- 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:**

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.

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).

Kloxxado and Narcan Nasal Spray

- ❖ Approvable for treatment of suspected or known opioid overdose in members at risk for opioid-induced respiratory depression when member’s family member or caregiver is unable to administer generic naloxone injection.

Zimhi

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic naloxone injection, Kloxxado Nasal Spray and Narcan Nasal Spray, 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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.