SUBOXONE AND BUPRENORPHINE PA SUMMARY

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Generic Buprenorphine, Suboxone sublingual tablets/films</th>
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</thead>
<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>Generic buprenorphine/naloxone sublingual tablets</td>
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</tbody>
</table>

NOTE: All products require prior authorization. These medications will hit a clinical PA edit as well as a PA edit for concurrent therapy with opioid analgesics that have been dispensed within the last 7 days.

LENGTH OF AUTHORIZATION: 6 months

PA CRITERIA:
- Approvable for the diagnosis of opioid dependence in members age 16 or older when prescribed by a DATA (Drug Addiction Treatment Act 2000) waived physician
- Subutex is only approvable for induction therapy, pregnant members, or when a physician submits documentation of an allergy to naloxone.
- Concurrent therapy of Suboxone or buprenorphine with opioids requires the prescriber to submit a written letter of medical necessity stating the reason(s) the member requires concurrent therapy with opioids.
- In addition to meeting the criteria above, generic buprenorphine/naloxone requires the prescriber to submit a written letter of medical necessity stating the reasons that the preferred product, brand-name Suboxone sublingual tablets or film, is 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 Catamaran at 1-866-525-5827.

PA and APPEAL PROCESS:
- For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:
- For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.

Revised 5/16/2013