Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	NA	NA	NA	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA

*FHK- Florida Healthy Kids

Buprenorphine/Naloxone – Georgia Medicaid

Based on Georgia Medicaid Fee For Service Prior Authorization Criteria:
https://dch.georgia.gov/sites/dch.georgia.gov/files/Opioid_Dependency_Agents.pdf

Override(s)	Approval Duration
Prior Authorization Quantity Limit	6 months

Medications	Status	Strength	Quantity Limit
Buprenorphine with naloxone Sublingual Tablet *Indicates FDA maximum recommended dose for specific drug and dosage strength – 24 mg/6 mg	Preferred	8mg – 2mg 2mg – 0.5mg	3 tablets per day 12 tablets per day
Suboxone (buprenorphine with naloxone) Sublingual Film *Indicates FDA maximum recommended dose for specific drug and dosage strength – 24 mg/6 mg	Preferred	2mg – 0.5mg 4mg – 1mg 8mg – 2mg 12mg – 3 mg	12 films per day 64 films per day 3 films per day 2 films per day
Zubsolv (buprenorphine with naloxone) *Indicates FDA maximum recommended dose for specific drug and dosage strength – 17.2 mg/4.2 mg	Non-Preferred	0.7mg-0.18mg 2.9mg – 0.7mg 11.4mg – 2.9mg 1.4mg – 0.36mg 5.7mg – 1.4mg 8.6mg – 2.1 mg	23 tablets per day 4 tablets per day 1 tablet per day 12 tablets per day 3 tablets per day 2 tablets per day

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
GACRX-0022-18

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	NA	NA	NA	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA

*FHK- Florida Healthy Kids

Bunavail (buprenorphine with naloxone) *Indicates FDA maximum recommended dose for specific drug and dosage strength – 12.6 mg/2.1 mg	Non-Preferred	2.1mg – 0.3mg 4.2mg – 0.7mg 6.3mg – 1mg	6 buccal films per day 3 buccal films per day 2 buccal films per day

APPROVAL CRITERIA

Requests for all buprenorphine with naloxone products may be approved for individuals who meet the following criteria:

I. Individual is 16 years of age or older; **AND**
II. Individual has been diagnosed with opioid dependence; **AND**
III. Prescriber must have an "X" DEA number (unique DATA [Drug Addiction Treatment Act 2000] waiver identification number); **AND**
IV. Individual will not use concurrently with opioids. (Note: If concurrent use is necessary, written documentation from the prescriber regarding the medical necessity of this therapy to be used along with the requested buprenorphine/naloxone is required.)

Requests for all non-preferred buprenorphine with naloxone products (Bunavail, and Zubsolv) may be approved for individuals who meet the following criteria (in addition to I-IV above):

I. Individual meets one of the following:
   A. Individual has been on the requested product in the previous 180 days **OR**
   B. Individual has had a trial of one preferred buprenorphine with naloxone agent (current preferred agents: buprenorphine/naloxone sublingual tablets, Suboxone film) in the previous 180 days.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
GACRX-0022-18