SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Medication Assisted Treatment Coverage Guidelines

Revised: 05/12/2025

BACKGROUND

Over recent years, the South Carolina Department of Health and Human Services (SCDHHS) has engaged in a number of efforts to address the opioid crisis within South Carolina's Medicaid population. These policy changes and benefit enhancements have contributed to improvements in opioid prescribing and highlighted the need for continued focus on ensuring that treatment for opioid use disorder (OUD) is available.

Inconsistencies in the coverage of medication assisted treatment (MAT) among payers is an often-cited barrier to the initiation and maintenance of MAT. To mitigate this barrier, SCDHHS is implementing standard coverage criteria across managed care organizations (MCOs). The coverage guidelines highlighted in this document were developed in concert with addiction treatment experts from across the state.

The criteria contained within this document represent the minimum coverage requirements. The use of less restrictive parameters and the approval of therapy for a period longer than indicated in this document are permissible.

South Carolina Medicaid is utilizing a single Preferred Drug List (PDL) for all recipients residing in fee for service and managed care organizations. Therefore, all products listed on the PDL should process as listed in the document for all beneficiaries.

To access the current PDL click here: https://southcarolina.fhsc.com/providers/pdl.asp

ORAL BUPRENORPHINE

Buprenorphine/naloxone

- Brand name oral formulations of buprenorphine/naloxone sublingual film formulation (Suboxone Sublingual Film) are covered without prior authorization for doses up to a daily dose of 24 mg of buprenorphine.
- Generic oral formulations of buprenorphine/naloxone sublingual film formulation require previous utilization of the Preferred brand name version or a prior authorization for doses up to a daily dose of 24 mg of buprenorphine.

Generic oral formulations of buprenorphine/naloxone tablets are covered without prior authorization for doses up to a daily dose of 24 mg of buprenorphine.

Buprenorphine monotherapy

- Buprenorphine monotherapy requires no prior authorization.

SUBCUTANEOUS BUPRENORPHINE

Subcutaneous buprenorphine must be available without requirements for step therapy. The following are conditions which should be met and/or per the Package Insert:

- Diagnosis of moderate to severe opioid use disorder

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- No concomitant use of opioid medications
- No use of supplemental oral, sublingual, or transmucosal buprenorphine
- Dosing consistent with FDA labeling

Initial authorization must be for a period of at least six months. Criteria for approval for continuation may include the requirements listed above.

EXTENDED-RELEASE INTRAMUSCULAR NALTREXONE

Extended-release injectable naltrexone shall be provided without prior authorization. Step therapy parameters that require the use of oral naltrexone, methadone, or any formulations of buprenorphine or buprenorphine/naloxone combination therapies prior to receiving extended-release injectable naltrexone are not permitted except as otherwise indicated per package insert.