



MONTANA HEALTHCARE PROGRAMS NOTICE

January 14, 2019

Physician, Mid-Levels, and Hospital Outpatient Providers

Effective Immediately

Sublocade® (Injectable Extended-Release Buprenorphine)

The Physician Administered drug, Sublocade® (buprenorphine extended-release) has been added to the list of drugs that require prior authorization.

The injectable buprenorphine medication, Sublocade® must be prior authorized, whether it will be purchased through the Pharmacy Program, or by the provider’s practice and reimbursed through the medical benefit. The provider must include the clinical rationale documenting necessity to switch to the injectable product. The form titled Prior Authorization Request for Sublocade® can be found on the [Forms page of https://medicaidprovider.mt.gov](https://medicaidprovider.mt.gov).

Please indicate in the top portion of the form if this will be purchased through the Pharmacy Program at point of sale or be submitted to Montana Healthcare Programs for reimbursement through the medical benefit.

3404 Cooney Drive, Helena, MT 59602
Phone 406.443.6002 • Toll-Free 1.800.395.7961
Fax 406.513.1928 • Toll Free 1.800.294.1350

Montana Medicaid
Prior Authorization Request form for use of Sublocade (buprenorphine extended-release)

Patient Name:		Patient Medicaid ID#:	Patient DOB:
Provider Name:		Provider X-DEA:	
Provider Phone #:	Provider fax #:	Dose/regimen requested:	
Indicate the benefit you would like the PA entered under: <input type="checkbox"/> Medical/Physician Services <input type="checkbox"/> Pharmacy Point-of-Sale			

1. Patient is 18 years of age or older. Yes No
2. Patient has been stabilized on a buprenorphine transmucosal dose delivering an equivalent of 8-24 mg for a minimum of 7 days. Yes No
3. Concurrent use of strong CYP inhibitors or inducers is not recommended. Provider has evaluated potential drug interactions Yes No
4. Provide clinical rationale documenting necessity to switch to injectable product:

If this drug will be billed through the medical benefit, the Physician Administered Drug Prior Authorization form must also accompany the Mountain-Pacific Quality Health request form, which can be found on the [Forms page of medicaidprovider.mt.gov](https://medicaidprovider.mt.gov). This ensures the appropriate prior authorization information can be entered into the claims system. Please make sure the form is filled out legibly and completely. The Prior Authorization number is associated with the Pay To: NPI in the claims system, so please make sure to indicate where the drug is to be administered and the Pay To: NPI in the following area:

Therapy will be provided in:

Provider Office: Outpatient Hospital (Infusion Ctr, CAH, etc.): ASC: Group/Clinic:

Rendering Provider Name: NPI: Fax Number:

Facility Name: NPI: Fax Number:

Members who have received the Sublocade® injection prior to the posting of this provider notice will be grandfathered in, requiring no prior authorization. If you have any questions, please contact your Program Officer.

As a reminder, please see [Montana Healthcare Programs Notice, dated July 19, 2018](#), regarding drugs not covered for members utilizing Medication Assisted Treatment (MAT) services.

Contact Information

Pharmacy Program Officer at (406) 444-2738
Physician Program Officer at (406)444-3995
Hospital Program Officer at (406) 444-4834

[For additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)