

Montana Healthcare Programs  
Physician Administered Drug Coverage Criteria

## SUBLOCADE® (buprenorphine extended-release)

### I. Medication Description

Sublocade® contains buprenorphine, a partial opioid agonist, and is indicated for:

- Treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days.

### II. Position Statement

Coverage is determined through a prior authorization process **that must include** supporting clinical documentation for each request.

### III. Initial Coverage Criteria

Member must meet all the following criteria:

- Member is 18 years of age or older.
- Diagnosis of moderate to severe Opioid Use Disorder (DSM-V criteria).
- Please provide X-DEA number of prescriber.
- Member has been stabilized on a buprenorphine transmucosal dose delivering an equivalent of 8-24mg for a minimum of 7 days.
- Provider has evaluated potential drug interactions (concurrent use of strong CYP inhibitors or inducers is not recommended).
- Clinical rationale provided documenting necessity to switch to injectable product.
- Consideration will be made to offer member a naloxone rescue prescription and education.
- Provider attests member Treatment Plan includes all of the following and *will be documented* in member chart:
  - Diagnosis of moderate to severe Opioid Use Disorder (DSM-V Criteria).
  - Member will be referred for counseling assessment and counseling.
  - Proposed monitoring plan includes random urine drug screens (to include drugs of abuse *and* buprenorphine).
  - Treatment Contract has been signed by member ***and member understands:***
    - **Concurrent opioids, tramadol, or carisoprodol will not be covered with buprenorphine-containing products.**
    - **If member subsequently discontinues the buprenorphine-containing product, all opioids, tramadol formulations, and carisoprodol will remain on not-covered status. These medications will require Prior Authorization for any future prescriptions.** Approval may be granted short-term for an acute injury, hospitalization, or other appropriate diagnosis *only* after the case is reviewed with the treating provider and the provider prescribing the buprenorphine-containing product.
  - ***If member pregnant:***
    - Estimated due date provided.
    - Risk/benefit has been discussed with member.
    - Treatment provider attests that OB provider has been contacted to establish post-delivery plan (for treatment of neonatal withdrawal syndrome).
    - OB provider name, phone, and date contacted must be submitted.

#### **IV. Renewal Coverage Criteria**

Member must meet all the following criteria:

- Member has been adherent to Sublocade®.
- Provider must attest member is making clinically meaningful progress towards treatment goals.

#### **V. Quantity Limitations**

Max 300mg monthly x2 months, followed by a maintenance dose of 100mg monthly.

#### **VI. Coverage Duration**

Initial approval duration: 6 months

Renewal approval duration: 1 year