

Montana Healthcare Programs
Physician Administered Drug Coverage Criteria

SUBLOCADE® (buprenorphine extended-release)

I. Medication Description

Sublocaze® 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

In conjunction with established clinical criteria requirements, providers must follow the Addictive and Mental Disorders Division (AMDD) policy requirements. Providers can find the complete policy within the AMDD Medicaid Services Provider Manual posted at the following link: [AMDD Medicaid Services Provider Manual \(mt.gov\)](https://mt.gov/AMDD/Medicaid-Services-Provider-Manual).

Note: The prescribing provider must be an enrolled Montana Healthcare Programs provider.

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.***

- ***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