



Montana Healthcare Programs
Physicians Administered Drug Coverage Criteria
Interim 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 seven 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:

- Be 18 years of age or older.
- Assessment/screening supports a diagnosis of opioid use disorder (DSM-V).
- Has been stabilized on a buprenorphine transmucosal dose delivering an equivalent of 8-24 mg for a minimum of 7 days.

Prescriber requirements:

- Must be a Montana Healthcare Programs-enrolled provider.
- Must provide clinical rationale documenting necessity to switch to injectable product.
- Must perform an overdose risk assessment and recommend naloxone if appropriate.

Limitations:

- 300mg monthly for 2 doses, then 100mg monthly. Sublocade® must be administered with a minimum of 26 days between doses.
- Prior authorization based on clinical information will be required for any change to this dosing schedule.
- If member is pregnant, please provide:
 - Estimated due date.
 - Attestation obstetrics (OB) provider has been contacted by buprenorphine provider to establish post-delivery plan (for treatment of neonatal withdrawal syndrome).
 - Provide name of OB provider, phone number and date contacted.
 - Attestation that risk/benefit of Sublocade® treatment has been discussed with patient.

IV. Renewal Coverage Criteria

Member must meet all the following criteria:

- Has documentation of positive clinical response to therapy.

Prescriber requirements:

- Must be a Montana Healthcare Programs enrolled provider.

V. Quantity Limits

Maximum dose = 300mg every 26 days.

VI. Coverage Duration

Drug Prior Authorization Program:

Initial approval: 300mg each month for 2 months, then 100mg for 1 additional month, then 100mg for 3 additional months.

Renewal approval duration: Approvals after initial 6 months will be for 12 months.

Physicians Administered Drug Program:

Initial approval: 6 months

Renewal approval: 12 months