

PHARMACY POLICY STATEMENT

Ohio Medicaid

DRUG NAME	Sublocade (buprenorphine extended-release) injection, for subcutaneous use
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Office
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred products include transmucosal buprenorphine-containing products and Vivitrol QUANTITY LIMIT— up to 300 mg monthly
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Sublocade (buprenorphine extended-release) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

OPIOID DEPENDENCE

For **initial** authorization:

1. Member must have had at least 7 days treatment with transmucosal buprenorphine-containing product (equivalent of 8 to 24 mg of buprenorphine daily) within the last 21 days; AND
2. Medication must be prescribed and administered by addiction specialist (i.e., DATA 2000 certified) solely for the treatment of opioid dependence.
3. **Dosage allowed:** Initially, two monthly doses of 300 mg after treatment has been inducted and adjusted with 8 to 24 mg of a transmucosal buprenorphine-containing product for a minimum of 7 days, followed by 100 mg monthly for maintenance. Increasing the maintenance dose to 300 mg monthly may be considered with submission of detailed chart notes documenting lack of satisfactory clinical response to Sublocade 100 mg, recent clinical opioid withdrawal scale and specific clinical reasons outlined by provider.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Sublocade (buprenorphine extended-release) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
07/23/2018	New policy for Sublocade created.



References:

1. Sublocade [package insert]. North Chesterfield, VA: Indivior, Inc; March 2018.

Effective date: 08/31/2018

Revised date: 07/23/2018