Prior Authorization Guideline

Guideline Name	Sublocade Extended Release Monthly Injection
Formulary	• Arizona Health Care Cost Containment (AZM)

Guideline Note:

Effective Date:	10/1/2019

1. Criteria

Product Name: Sublocade	
Approval Length	6 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Buprenorphine extended-release injection (Sublocade) is proven and/or medically necessary for the treatment of moderate to severe opioid use disorder in patients who meet ALL of the following:

Approval Criteria

1 - Patient has severe Opioid Use Disorder (OUD) as defined by the DSM-5 OUD Diagnostic Tool and has a demonstrated history of non-adherence to oral medications

AND

2 - Patient is currently maintained on 8mg to 24mg per day dose of oral, sublingual, or transmucosal buprenorphine product equivalent for at least 7 days prior to initiation of extended-release buprenorphine injection

AND

3 - Patient has not, nor will receive supplemental, oral, sublingual, or transmucosal buprenorphine

AND

4 - Patient is receiving psychosocial interventions as part of a comprehensive medication assisted treatment (MAT) program

AND

5 - Prescriber meets DATA 2000 requirements and has been assigned a unique identification number specific to the prescription of medication assisted therapy (DEA-X)

AND

6 - Prescriber checks the Arizona State Board of Pharmacy Controlled Substance Prescription Monitoring Program (CSPMP) database prior to each monthly injection

AND

7 - Sublocade dosing is in accordance with the U. S. Food and Drug Administration approved labeling: 300mg subcutaneously monthly for the first 2 months, followed by a maintenance dose of 100 mg or 300mg monthly

Product Name: Sublocade	
Approval Length	12 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Physician documentation that the patient has experienced a positive clinical response to buprenorphine extended-release therapy, as defined by the provider

AND

2 - Patient has not, nor will receive supplemental, oral, sublingual, or transmucosal buprenorphine

AND

3 - Patient is receiving psychosocial interventions as part of a comprehensive medication assisted treatment (MAT) program

AND

4 - Prescriber meets DATA 2000 requirements and has been assigned a unique identification number specific to the prescription of medication assisted therapy (DEA-X)

AND

5 - Prescriber checks the Arizona State Board of Pharmacy Controlled Substance Prescription Monitoring Program (CSPMP) database prior to each monthly injection

AND

6 - Sublocade dosing is in accordance with the U. S. Food and Drug Administration approved labeling: maintenance dose of 100mg or 300mg monthly

2. Revision History

Date	Notes
10/1/2019	New custom program.