



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

**SUBLOCADE® (buprenorphine extended-release injection)**

**Effective 6/01/2018**

**Prior Authorization Request Form**

SUBLOCADE contains buprenorphine, a partial opioid agonist, and is indicated for the 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.

**Prior authorization requests for may be approved if the following criteria are met:**

1. Patient must be at least 18 years of age; **AND**
2. Must be prescribed and administered by an addiction specialist solely for the treatment of opioid addiction; **AND**
3. Patient must be stable on buprenorphine therapy (for opioid use disorder) for at least 28 days immediately prior to the request to start Sublocade; **AND**
4. Prior authorization will only be granted for doses that follow the manufacturer's guidelines:

SubQ: Initial: 300 mg monthly for the first 2 months, after treatment has been inducted and adjusted with 8 to 24 mg of a transmucosal buprenorphine-containing product for a minimum of 7 days.  
Maintenance: 100 mg monthly, increasing to 300 mg monthly for patients who tolerate the 100 mg dose but do not demonstrate a satisfactory clinical response (as evidenced by self-reported illicit opioid use or urine drug screens positive for illicit opioid use). **Note:** Administer doses at least 26 days apart.

**Initial approval of Sublocade will be for 3 months. Additional therapy shall be approved up to 12 months at a time with documentation of satisfactory patient response.**

**References**

- 1.) Sublocade package insert (Indivior Inc.) Updated 3/2018
- 2.) Lexicomp monograph for Sublocade (reviewed 5/10/2018)