

Medical prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial (Individual/Optimized)**

Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Sublocade[®] (buprenorphine ER injection)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Physician: _____ Prov. Phone: _____ Prov. Fax: _____

Physician Address: _____

Physician NPI: _____ Contact Name: _____

Physician Signature: _____ Date: _____

Product Information

New request Continuation request

Drug product: Sublocade 100 mg-0.5 mL
 Sublocade 300 mg-1.5 mL

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Date of next dose (if applicable): _____

Dose: _____ **Dose Frequency:** _____

Place of administration: Physician's office

Outpatient infusion

Facility: _____ NPI: _____ Fax: _____

Home infusion

Facility: _____ NPI: _____ Fax: _____

Billing: Physician to buy and bill

Facility to buy and bill

Specialty Pharmacy

Pharmacy: _____ NPI: _____ Fax: _____

ICD-10 Diagnosis code(s): _____

Drug cost information

The wholesale acquisition cost for 1 injection is \$1,580. The annual cost of treatment will be greater than \$24,000.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must have a diagnosis of moderate to severe opioid use disorder (OUD)
2. Must be established on oral buprenorphine (e.g., Suboxone, buprenorphine/naloxone) at a dose of 8 to 24 mg (or equivalent*) per day for at least 7 days
3. Must not use supplemental oral buprenorphine while on Sublocade
4. Must be prescribed by a DATA 2000 certified prescriber

*See Additional Information below for dose conversions between oral buprenorphine products

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

**New request
Priority Health Precertification Documentation**

A. What condition is this drug being requested for?

- Moderate to severe opioid use disorder (OUD)
- Other – the patient’s condition is: _____
Rationale for use: _____

B. Has the patient been stabilized on oral buprenorphine at a dose of 8 mg to 24 mg (or equivalent*) per day for at least 7 days?

- Yes
- No. Rationale for use: _____

C. Will supplemental oral buprenorphine be used with Sublocade?

- No.
- Yes. Rationale for use: _____

D. Is the prescriber DATA2000 certified?

- Yes
- No. Rationale for use: _____

Additional information

Note: Sublocade will be limited to 1 injection monthly.

Oral Buprenorphine Equivalent Doses

Buprenorphine Product	Suboxone [®] SL film or buprenorphine/naloxone SL tablet	Zubsolv [®] SL tablet	Bunavail [®] buccal film
Dose	16 mg-4 mg	11.4 mg-2.9 mg	4.2 mg-0.7 mg x 2 films
	12 mg-3 mg	8.6 mg-2.1 mg	6.3 mg-1 mg
	8 mg-2 mg	5.7 mg-1.4 mg	4.2 mg-0.7 mg
	4 mg-1 mg	2.9 mg-0.71 mg	2.1 mg-0.3 mg
	2 mg-0.5 mg	1.4 mg-0.36 mg	-