MEDICATION POLICY:
Substance Use Disorder

Applicable Drugs: Brixadi Monthly (buprenorphine), Brixadi Weekly (buprenorphine), Sublocade (buprenorphine), Vivitrol (naltrexone)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 11/13/2023

Date Last Reviewed / Revised: 12/9/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VII are met)

I. Documented diagnosis meeting DSM criteria of one of the following conditions (A or B) AND must meet medication-specific criteria listed under the applicable diagnosis.

   A. Opioid Use Disorder (OUD)

      1. Sublocade: Ongoing medically supervised induction involving current treatment with any buprenorphine-containing product OR rapid induction involving a single dose of transmucosal buprenorphine.
      2. Brixadi: Ongoing medically supervised induction involving any buprenorphine-containing product.
      3. Vivitrol: Ongoing medically supervised induction involving a minimum of 7 days of opioid abstinence.

   B. Alcohol Use Disorder (AUD)

      1. Vivitrol: Ongoing medically supervised induction involving a minimum of 7 days of opioid abstinence.

II. Documentation of A and/or B

   A. Treatment failure as evidenced by continued high-risk behaviors (substance misuse, diversion) despite adherence with preferred oral agents.

   B. Outstanding inability to comply with preferred oral agents (e.g., socioeconomic barriers).

III. Documented review and assessment of electronic prescription monitoring program and medication is indicated for OUD.

IV. Documented urine drug screen (UDS) at baseline.

V. Documented patient treatment agreement with prescriber.

VI. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VII. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

Exclusion Criteria

- Patient self-administration
- Long-acting buprenorphine:
    - Hypersensitivity to buprenorphine
    - Used in combination with methadone
- Long-acting naltrexone:
    - Continued use with opioid analgesics
    - Failed oral naltrexone test
    - Hypersensitivity to naltrexone
- Combination therapy with other long acting injectable opioid partial/antagonist agents

Quantity / Days Supply Restrictions

- Sublocade:
    - Initiation: One 300 mg/1.5 mL prefilled syringe per 28 days for two fills.
    - Maintenance: One 100 mg/0.5 mL prefilled syringe per 28 days.
        - The maintenance dose may be increased to 300 mg monthly for patients who tolerate the 100 mg dose but do not demonstrate a satisfactory clinical response, with documentation of clinical justification.
- Brixadi Monthly: One prefilled syringe (64 mg/0.18 ml, 96 mg/0.27 ml, or 128 mg/0.36 ml) per 28 days.
- Brixadi Weekly: One prefilled syringe (8 mg/0.16 mL, 16 mg/0.32 mL, 24 mg/0.48 mL, or 32 mg/0.64 mL per 7 days.
- Vivitrol: One 380 mg/ 5 mL vial per 28 days.

Approval Length

- **Authorization:** 6 months.
- **Re-Authorization:** 6 months: An updated letter of medical necessity or progress notes showing that current medical necessity criteria are met, documentation the patient has had at least two urine drug screens in the past 120 days, the patient is adherent with therapy, and the medication is effective.

APPENDIX

Table 1
Equivalent Dosages with Buprenorphine SL and Brixadi

Daily Dose of Sublingual Buprenorphine	Brixadi (Weekly)	Brixadi (Monthly)
≤ 6 mg	8 mg	--
8-10 mg	16 mg	64 mg
12-16 mg	24 mg	96 mg
18-24 mg	32 mg	128 mg

REFERENCES

1. Sublocade. Prescribing information. Indivior UK Limited; 2025. Accessed December 9, 2025. https://www.indivior.com/admin/resources/dam/id/1070/Sublocade_PI.pdf
2. Brixadi. Prescribing information. Pharmaceuticals International, Inc.; 2023. Accessed December 9, 2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/210136Orig1s004correctedlbl.pdf
3. Vivitrol. Prescribing information. Alkermes, Inc.; 2024. Accessed December 9, 2025. https://labeling.alkermes.com/uspi_vivitrol.pdf
4. American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders. *American Psychiatric Publishing*. 2022; 5th ed. https://doi.org/10.1176/appi.books.9780890425787
5. Substance Abuse and Mental Health Services Administration, Medications for Opioid Use Disorder Treatment Improvement Protocol (TIP) Series 63 Publication. *SAMHSA*. 2021. https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.