

New CPT/HCPCS Code	Service Type	Criteria	Reviewer Level
J0570 Probuphine (buprenorphine implant) 74.2 mg	0051	DMAS	Physician

VAMMIS	All service authorizations will be approved for one (1) unit and for six (6) months from the service authorization request date. Please Fax service authorization requests for DMAS for Fee-for-Service and GAP members to the DMAS Medical Support Unit (804-452-5450). The Health Plans will review the PA requests for their members
Comments	Timeliness for provider submission does apply. Service authorization requests must be submitted by the provider prior to implant placement.

DMAS Specific Criteria:

Initial treatment with Probuphine* (buprenorphine implant) is considered medically necessary when ALL of the following criteria have been met:

1. The individual has been diagnosed with opioid dependence (opioid use disorder); **and**
2. The individual has been treated with a stable maintenance dose of transmucosal buprenorphine (8 mg per day or less of a sublingual buprenorphine or buprenorphine/naloxone sublingual tablet or its transmucosal buprenorphine product equivalent) for 3 months or longer without any need for supplemental dosing or adjustments; **and**
3. The individual is currently on a maintenance dose of 8 mg per day or less of a sublingual buprenorphine or buprenorphine/naloxone sublingual tablet or its transmucosal buprenorphine product equivalent and has achieved sustained clinical stability, with no clinical signs, symptoms or laboratory evidence of relapse; **and**
4. The provider attests that the maintenance dose was not lowered for the sole purpose of transitioning to Probuphine; **and**
5. The provider attests that Probuphine is used in accordance with federal guidelines, and is part of a comprehensive treatment plan that includes participation in psychosocial counseling (individual and/or group) at least once per month; **and**
6. The provider attests that they have reviewed the Virginia Prescription Monitoring Program and documents the date of the last opioid prescription and the date of last benzo prescription; **and**
7. The provider attests that they have obtained and reviewed random urine drug tests at least 4 times in the previous 6 months and provides the results of the last 2 urine drug tests (one within last month) to document that the tests are positive for buprenorphine and norbuprenorphine and negative for other substances; **or**
8. If the provider completing this form is different than the provider who has been prescribing the sublingual buprenorphine or buprenorphine/naloxone sublingual tablet or its transmucosal buprenorphine product equivalent prior to this request then the requesting provider has provided the results of the last 2 urine drug tests (one within

last month) to document that the tests are positive for buprenorphine and norbuprenorphine and negative for other substances; **and**

9. Since PROBUPHINE is available only through the PROBUPHINE REMS Program, and only Healthcare Providers who have successfully completed a live training program on the insertion and removal procedures can become certified in the PROBUPHINE REMS program, and since only PROBUPHINE REMS program certified providers can prescribe or insert/remove PROBUPHINE implants, therefore the provide attests that they are certified in the PROBUPHINE REMS program.

* Initial treatment with Probuphine consists of one 6-month period, involving subdermal placement of the implants in the inner side of the upper arm on one side of the body. Implants must be removed at the end of the 6th month following insertion. If indicated, a second set of implants may be placed in the contralateral arm. The second set of implants should be removed at the end of the second 6 month treatment period.

Signature

Date