Mountain-Pacific Quality Health
Partnering within our communities to provide solutions for better health

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Montana Medicaid
Buprenorphine-containing products (transmucosal) for Opioid Substance Use Disorder
Prior Authorization Request Form

Patient Name:	Patient Medicaid ID#:	Patient DOB:
Provider Name:	Provider DEA# (**X-DEA required**):	
Provider Phone #:	Provider Fax #:	
Drug/Dose Request (mg)	Daily Directions (i.e. 1 QD)	

1. **Provider attests patient Treatment Plan** includes ***all*** of the following (please check) and ***will be documented*** in patient chart (case notes do not need to be sent unless specifically requested):
   - ☐ Patient is 16 years of age or older.
   - ☐ Patient assessment/screening supports a diagnosis of **moderate to severe Opioid SUD** (DSM-V Criteria).
   - ☐ Patient will be referred for counseling assessment and counseling.
   - ☐ Proposed monitoring plan includes random pill counts and random urine drug screens (to include drugs of abuse *and* buprenorphine).
   - ☐ Treatment Contract has been signed by patient ***and patient understands section "B" below.***
   - ☐ Pregnant patient-complete the following information:

     EDD: _____
     Treatment provider attests that OB provider has been contacted to establish post-delivery plan (for treatment of neonatal withdrawal syndrome):
     OB Provider Name: Phone: Date contacted:

   Limitations (specific product subject to Preferred Drug List requirements):

   A. Quantity Limits (Ongoing reassessment to establish the lowest effective dose is recommended):
   - SUBOXONE film 8 mg/2 mg ***or*** 2 mg/0.5 mg: Max 3 films daily. *Authorized for 1 year with annual update required.*
   - Buprenorphine SL 2 mg or 8 mg: Max 3 tablets daily. *Authorized only for max 5 days for induction OR duration of pregnancy* ***OR*** *written documentation is provided of ADR to a prescribed combination product*

   B. Concurrent opioids, tramadol, or carisoprodol will *not* be covered with buprenorphine-containing products.
   - If a patient **subsequently discontinues the buprenorphine-containing product, all opioids, tramadol formulations, and carisoprodol will remain on not-covered status. These medications will require Prior Authorization for any future prescriptions**. Approval may be granted short-term for an acute injury, hospitalization, or other appropriate diagnosis *only* after the case is reviewed with the treating provider and the provider prescribing the buprenorphine-containing product.

2. **Consideration will be made to offer patient a naloxone rescue prescription & education: ☐ Yes ☐ No**
   (Products *available without PA* are Narcan® nasal spray, naloxone vial for injection, naloxone prefilled syringe for injection)

Signature of Provider: _____Date: _____

Please complete form and fax to Medicaid Drug Prior Authorization Unit
1-800-294-1350

Mountain-Pacific Quality Health

Academic Detailing Initiative

Co-Prescribing Naloxone with Opioids in High Risk Patients

Practical ✒ Unbiased ✒ Evidence-Based

Naloxone is a prescription opioid antagonist indicated for the emergency treatment of severe respiratory depression associated with known or suspected opioid overdose. The 2016 U.S. Centers for Disease Control and Prevention (CDC) "Guideline for Prescribing Opioids for Chronic Pain" recommends evaluating patients for risk factors for opioid-related harms before starting opioid therapy, and during therapy continuation. *It is recommended **not** to initiate opioids when factors that increase opioid-related harms are present. However, if the decision is made to prescribe an opiate in the presence of certain risk factors, the CDC recommends considering offering naloxone as part of an overall strategy to help mitigate patient risk. Re-evaluating patients more frequently and referral to pain and/or behavioral health specialists is also recommended.*

Consider offering naloxone with opioid therapy if *any* of the following risk factors which can increase risk of opioid overdose are present:

- *A history of prior overdose*
- *A history of substance use disorder*
- *Concurrent benzodiazepines and opioid use*
- *In patients at risk for returning to a high dose to which they are no longer tolerant*
- *In patients taking higher dosages of opioids (≥50 MME/day) which is:*
  - *≥50 mg of hydrocodone per day*
  - *≥33 mg of oxycodone per day*
  - *≥12 mg of methadone per day*

From 1999 to 2014, more than 165,000 persons died from overdose related to opioid pain medication in the United States

The following naloxone products *do not require prior authorization* by Montana Medicaid when a prescription is provided to your patient:

- Naloxone prefilled syringe for injection
- Naloxone vial for injection
- Narcan® nasal spray

The complete CDC guideline can be accessed at https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm.
Resources for prescribing naloxone in primary care can be found through http://prescribetoprevent.org/.

6/2017