Mountain-Pacific Quality Health
Partnering within our communities to provide solutions for better health
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Montana Healthcare Programs Prior Authorization Request form for use of Sublocade (buprenorphine extended-release) (updated 2/2021)

Patient Name:		Patient Medicaid ID#:	Patient DOB:
Provider Name:		Provider **X-DEA:**	
Provider Phone #:	Provider fax #:	Dose/regimen requested:	
Indicate the benefit you would like the PA entered under: ☐ Medical (Physician Services) ☐ Pharmacy			

1. ☐ **Provider is a Montana Healthcare Programs enrolled provider** and, as such, adheres to the requirements in the Addictive and Mental Disorders Division (AMDD) MAT policy. The complete policy can be found here: Policy Number 550 (mt.gov).
2. **Patient is 18 years of age or older.** ☐ **Yes** ☐ **No**
3. **Patient has been stabilized on a buprenorphine transmucosal dose delivering an equivalent of 8-24 mg for a minimum of 7 days.** ☐ **Yes** ☐ **No**
4. **Concurrent use of strong CYP inhibitors or inducers is not recommended. Provider has evaluated potential drug interactions** ☐ **Yes** ☐ **No**
5. **Provide clinical rationale documenting necessity to switch to injectable product:**

_____

_____

6. **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 assessment/screening supports a diagnosis of **moderate to severe Opioid SUD** (DSM-V Criteria).
   - ☐ Behavioral health assessment and engagement in counseling will be recommended. If recommendation accepted, referral assistance will be provided if resources are available. If patient is not ready for change, periodic re-assessment of readiness will occur. Lack of counseling is not a reason to withhold treatment.
   - ☐ Proposed monitoring plan includes random urine drug screens (to include drugs of abuse *and* buprenorphine).
   - ☐ Treatment Contract, **including patient's acknowledgement of his/her understanding of section "B" below**, has been signed by patient. ***The department may request a copy of the signed treatment contract at any time.***
   - ☐ Pregnant patient – Please complete the following information:

If pregnant, EDD: _____ Risk/benefit has been discussed with patient: Yes No 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:

A. Limitations:
- Maximum dose authorized will be 300 mg monthly x 2 months, followed by 100 mg x 4 months.
- Initial authorization will be for 6 months. For renewal, provider must attest patient is making clinically meaningful progress towards treatment goals. Subsequent renewals x 1 year.

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.

7. **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 Drug Prior Authorization Unit at 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/.

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