Mountain Pacific
INNOVATING BETTER HEALTH

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**Montana Healthcare Programs**
**Buprenorphine-containing products (transmucosal) for Opioid Substance Use Disorder (updated 2/2021)**

| | | |
|---|---|---|
| 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 is a Montana Healthcare Programs-enrolled provider and, as such, adheres to the requirements in the Addictive and Mental Disorders Division (AMDD) Medication-Assisted Treatment (MAT) policy. The complete policy can be found here: Policy Number 550 (mt.gov).

2. **Provider attests patient Treatment Plan** includes ***all*** the following (please check) and ***will be documented*** in patient chart:
   - ☐ Patient is 16 years of age or older.
   - ☐ Patient assessment/screening supports a diagnosis of **moderate to severe opioid substance use disorder (SUD)** (Diagnostic and Statistical Manual, 5th Edition [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 pill counts and 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-complete the following information:

Estimated due date (EDD): Treatment provider attests 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 8mg/2mg **or** 2 mg/0.5 mg: Max 3 films daily. *Authorized for 1 year with annual update required.*
- Buprenorphine SL 2mg **or** 8mg: 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.

3. **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 Montana Healthcare Program's Drug Prior Authorization Unit at 1-800-294-1350.**

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# Co-prescribing Naloxone with Opioids in High-risk Patients

Practical • Unbiased • Evidence-based

## Academic Detailing Initiative

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 (≥50MME/day) which is:
  - ≥50mg of hydrocodone per day
  - ≥33mg of oxycodone per day
  - ≥12mg of methadone per day

Opioid-involved overdose deaths rose from 68,630 in 2020 to 80,411 in 2021.

Source: National Institute on Drug Abuse

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/.

9/2023