Mountain Pacific
INNOVATING BETTER HEALTH
Mailing Address: P.O. Box 5119 | Helena, MT 59604
Phone: 406.443.6002 | Toll-free: 1.800.395.7961
Fax: 406.513.1928 | Toll-free: 1.800.294.1350

**Montana Healthcare Programs**
**Prior Authorization Request form for use of Sublocade (buprenorphine extended-release)**
(updated 8/2023)

| | | | |
|---|---|---|---|
| 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 Point of Sale | | | |

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. Patient is 18 years of age or older: ☐ Yes ☐ No
3. Patient has been stabilized on a buprenorphine transmucosal dose delivering an equivalent of 8-24mg for a minimum of **7 days**: ☐ Yes ☐ No
4. Concurrent use of strong cytochrome (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** 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 substance use disorder (SUD)** (Diagnostic and Statistical Manual of Mental Disorders, fifth 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 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, estimated due date (EDD): _____ Risk/benefit has been discussed with patient: ☐ Yes ☐ No

     Treatment provider attests obstetrics (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 300mg monthly x 2 months, followed by 100mg x 4 months.

- Initial authorization limitations:
    - Due to inappropriate autofills and an increase in waste, the provider's office will need to obtain a monthly prior authorization for the first 3 months of therapy and verify the clinic requested the medication being dispensed and the member has an appointment for the requested dose.
    - If member remains on therapy past the initial 3 doses, Medicaid will approve 3 additional months of 100mg therapy without requiring monthly updates to complete the initial 6 months of therapy allowed.
- 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 prior authorization* 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