

Effective **08/25/08** – Patient Specific Prior Authorization Required For All Patients Prescribed **Subutex[®]** (buprenorphine “mono”) Who Were Previously “Grandfathered”

July 14, 2008

Dear Dr <Last Name>:

As you will recall, the Drug Utilization Review (DUR) Board of the Office of Vermont Health Access (OVHA) made significant changes to the prior authorization requirements for Suboxone[®] and Subutex[®] that became effective for new patients as of 12/10/07. At that time, you were advised that steps would be taken at a later date to review established patients to ensure that buprenorphine use in these patients is in accordance with OVHA approved clinical criteria.

As you are aware, Suboxone[®] and Subutex[®] have received FDA approval only for the treatment of opioid addiction. Vermont Medicaid will grant prior authorization only for patients who have a diagnosis of opioid dependency. Prior authorization will not be granted for buprenorphine prescribed for pain control.

The Drug Addiction Treatment Act of 2000 (DATA 2000) enables *qualifying physicians* to receive a *waiver* from the special registration requirements in the Controlled Substances Act for the provision of medication-assisted opioid addiction therapy. Physician assistants and nurse practitioners may not prescribe buprenorphine for opioid addiction treatment as these practitioners are not included in the definition of “*qualifying physicians*”. Prior authorization will only be granted to patients whose requesting prescriber has a DATA 2000 waiver ID number.

Due to reports of Subutex[®] (buprenorphine “mono” tablet) being diverted and abused by injection or intranasal use, prior authorization will only be granted for Subutex[®] in select patients. Patient reports of intolerance to naloxone in Suboxone[®] should be carefully evaluated as this intolerance has not been reported in the literature. The naloxone in Suboxone[®] guards against abuse. If Suboxone[®] is taken sublingually, the buprenorphine is absorbed while the naloxone is not. If Suboxone[®] tablets are crushed and injected, the naloxone causes opioid withdrawal. Prior authorization will be granted for Subutex[®] for pregnant women and patients with medical record documentation of naloxone allergy.

You are receiving this mailing as per our current pharmacy claims activity you have issued a recent prescription for Subutex[®] for the enclosed beneficiary, however, there is no Prior Authorization approval on file. An updated prior authorization form is attached to this letter for your use. If the patient or prescriber does not meet the criteria now in place for Subutex[®], you will be asked to switch your patient to Suboxone[®] (if appropriate) or an alternative pain medication if buprenorphine is being prescribed for pain. If you are switching your patient to Suboxone[®] or are requesting that your patient continue on Subutex[®], please complete the enclosed prior authorization form so that you do not receive a second mailing regarding this patient. Prior Authorization requests must be received by **08/25/08** to prevent any disruption in medication therapy. If you have questions related to this change in benefit coverage, please feel free to contact our on-site MedMetrics' Clinical Account Manager, Diane Neal, R.Ph, at 1-802-879-5605.

Thank you for your continued support of the State of Vermont's clinical pharmacy programs.

Respectively,



Erin Cody, M.D.
Associate Medical Director



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Agency of Human Services

**Vermont Health Access
Pharmacy Benefits Management Program**

July 14, 2008

Subutex[®] Claim Information

Prescriber:	JOHNSON, DAVID
Patient:	SMITH, JOHN
DOB:	01/01/1900
Medicaid ID:	999999999
Most Recent Fill Date:	03/01/2006
Drug, Form, Strength:	
Qty Dispensed:	30
Days Supply:	30
Most Recent Dispensing Pharmacy:	MAIN STREET PHARMACY
Pharmacy Address:	123 MAIN ST
Pharmacy City, ST:	ANYTOWN, VT
Pharmacy Zip:	12345
Pharmacy Phone Number:	(999) 999-9999

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~BUPRENORPHINE ~
Prior Authorization Request Form

Vermont Medicaid has established criteria for prior authorization of buprenorphine (Suboxone[®], Subutex[®]). These criteria are based on concerns about safety and the potential for abuse and diversion. For beneficiaries to receive coverage for Suboxone[®] or Subutex[®], it will be necessary for the prescriber to telephone or complete and fax this form to MedMetrics Health Partners. Please complete this form in its entirety and sign and date below. Incomplete requests will be returned for additional information.

Submit request via: Fax: 1-866-767-2649 or Phone: 1-800-918-7549

Prescribing physician:

 Name: _____
 Phone #: _____
 Fax #: _____
 Address: _____

Beneficiary:

 Name: _____
 Medicaid ID #: _____
 Date of Birth: _____ Sex: _____
 Diagnosis: _____

Contact Person at Office: _____

Pharmacy (if known): _____ **Phone:** _____ **&/or FAX:** _____

QUALIFICATIONS

MD/DO	Prescribers must have a DATA 2000 waiver ID ('X' DEA license) in order to prescribe.
Patients	Patients must have a diagnosis of opiate dependence confirmed.

PROCESS

► Answer the following questions:

Is buprenorphine being prescribed for opiate dependency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the prescriber signing this form have a DATA 2000 waiver ID number ("X-DEA license")?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request is for the following medication:	<input type="checkbox"/> Suboxone [®] (buprenorphine/naloxone) <input type="checkbox"/> Subutex [®] (buprenorphine)
Anticipated maintenance dose/frequency: Dose: _____ Frequency: _____	
If this request is for Subutex [®] , please answer the following questions: Is the member pregnant? If yes, anticipated date of delivery: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the member have a documented allergic reaction to naloxone? If yes, please provide medical records documenting the allergic reaction.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional clinical information to support PA request:	

Prescriber Signature: _____ **Date of request:** _____