



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: Providers of Federally Qualified Health Care Services (FQHC) -
For Action
Health Maintenance Organizations - For Information Only

SUBJECT: Buprenorphine Guidelines

EFFECTIVE: Immediately

PURPOSE: To advise providers that the Division of Medical Assistance and Health Services (DMAHS) is now authorizing payment for Buprenorphine treatment by physicians within an FQHC setting.

BACKGROUND: Buprenorphine treatment is limited to physicians who have completed the Drug Addiction Treatment Act (DATA) 2000 waiver for authorization to provide Buprenorphine treatment services. Physicians can complete and submit a Waiver Notification Form (SMA-167) on-line, via fax or by traditional mail to the Center for Substance Abuse Treatment (CSAT). Additional information can be obtained at the SAMHSA website:

<http://buprenorphine.samhsa.gov/index.html>.

The DATA 2000 waiver permits physicians who meet certain criteria and qualifications to treat opioid addiction with Schedule III, IV, and V narcotic medications that have been approved by the Food and Drug Administration (FDA) for treatment of an opioid addiction. Buprenorphine is the only narcotic approved by the FDA under Schedule III, IV or V. Buprenorphine may be prescribed and dispensed by physicians who have been approved through the waiver process to provide this service in treatment settings other than the traditional Opioid Treatment Program (OTP) such as a methadone clinic.

ACTION:

Physicians in an FQHC shall be permitted to provide buprenorphine services to Medicaid's NJ FamilyCare clients if the following conditions are met:

- 1) Physicians must have completed the DATA 2000 waiver. Once approved, the provider can prescribe buprenorphine for individuals with an opioid use disorder and are eligible to bill for the service up to 30 patients the first year and 100 patients annually thereafter
- 2) Service should be billed as a medical service (medication visit)
- 3) Service should include, at minimum:
 - a. Referral to psychosocial counseling services

- b. Physician use of the Prescription Monitoring Program (PMP) in assessment of patient and ongoing
 - c. Urine drug screens should be included on admission and randomly throughout treatment
 - d. Pregnancy test, when appropriate
- 4) It is recommended that physicians administer initial induction doses as an observed treatment (i.e. in the office); further doses may be provided via prescription thereafter
 - 5) Buprenorphine can be used for either detoxification or as a maintenance treatment; no limitation on duration should be placed
 - 6) Opiate dependent pregnant patients must sign a patient consent and release form that says they have been informed and understand that:
 - a. Buprenorphine should only be used during pregnancy if the potential benefit justifies the risk to the fetus.
 - b. Buprenorphine has been designated Category C for pregnancy risk
 - c. Methadone is the drug of choice in pregnancy, but there is information that neonatal withdrawal symptoms are less with buprenorphine
 - 7) Injectable buprenorphine is not approved for the treatment of opioid dependence and shall not be reimbursed
 - 8) The Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) 40, "Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction" should be utilized as a best practice resource for all physicians prescribing buprenorphine for patients

If you have any questions concerning this Newsletter, please contact the Division of Mental Health and Addiction Services' State Opioid Treatment Authority at 609-984-3316.

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