

Amendment No. 1 to SB1312

Kelsey
Signature of Sponsor

AMEND Senate Bill No. 1312

House Bill No. 1257*

by deleting all language after the enacting clause and by substituting instead the following:

SECTION __. Tennessee Code Annotated, Title 53, Chapter 10, is amended by adding the following as a new part:

53-10-501.

(a) Before writing any prescription for buprenorphine combined with naloxone, the prescriber shall check the controlled substance database as required by § 53-10-310(e)(3).

(b) Buprenorphine combined with naloxone shall only be prescribed as a maintenance treatment for patients diagnosed with opioid dependence. Buprenorphine combined with naloxone shall not be prescribed or dispensed in the state of Tennessee for pain. Buprenorphine alone shall not be prescribed except to pregnant patients, patients with demonstrated hypersensitivity to naloxone, or as an injectable treatment in a physician's office or other healthcare facility.

53-10-502.

(a) All prescriptions for buprenorphine shall be prescribed by a physician in accordance with the Drug Addiction Treatment Act of 2000, P.L. 106-310, and shall include the physician's prescribing identification number that indicates the physician is permitted to prescribe buprenorphine.

(b) No pharmacist shall dispense a prescription for buprenorphine without the prescription containing the DEA verifying that the prescribing physician has received a waiver to prescribe the drug; provided, however, that a pharmacist may dispense

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buprenorphine if a seventy-two (72) hour emergency prescription is authorized pursuant to federal drug enforcement administration (DEA) regulations.

53-10-503.

No certified nurse practitioner, licensed pursuant title 63, chapter 7, or physician assistant, licensed pursuant to title 63, chapter 19, shall write prescriptions for buprenorphine combined with naloxone.

53-10-504.

(a) Buprenorphine combined with naloxone based products shall be prescribed within the following maximum dosage limitations:

(1) No more than twenty-four (24) milligrams buprenorphine and six (6) milligrams naloxone per day shall be prescribed within the first six (6) months of use.

(2) No more than sixteen (16) milligrams buprenorphine and four (4) milligrams naloxone per day shall be prescribed for the subsequent six (6) months of use.

(b) Any physician prescribing buprenorphine shall prescribe the lowest effective dose following the initial twelve (12) months of the prescription for the maintenance treatment of opioid addiction to prevent patient relapse. A pharmacist may rely on the physician's prescription as satisfaction of this requirement.

53-10-505.

Notwithstanding any provision of title 56, any policy or contract providing health insurance coverage, as defined by § 56-7-2802, shall provide coverage for a prescription

issued in accordance with the limitations imposed by this part. To the extent that such a prescription is not already covered by a health insurance policy, coverage under this subsection shall be included in health insurance policies that are delivered, executed, issued, amended, adjusted, or renewed in this state, or outside this state if insuring residents of this state, on or after January 1, 2014. Coverage under this subsection shall not be subject to dollar limits, deductibles or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles or coinsurance provisions that apply to prescriptions generally under the health insurance policy. This subsection shall not be construed as limiting benefits that are otherwise available to an individual under a health insurance policy. For the purposes of this subsection, health insurance coverage shall include TennCare.

53-10-506.

Any buprenorphine combined with naloxone prescribed or dispensed for treatment for opioid dependence shall be in a uniquely numbered and 2D bar coded unit dose contained within F2 or F1 child resistant package as recognized by the federal food and drug administration (FDA).

53-10-507.

Any physician prescribing buprenorphine combined with naloxone shall discontinue the treatment if the patient tests positive for opioids in three (3) or more urine tests following the commencement of such treatment.

53-10-508.

Prior to the issuance of any prescription for buprenorphine combined with naloxone, any women of child-bearing age shall submit to a pregnancy test, be counseled as to the risk of neonatal abstinence syndrome and offered means to prevent pregnancy. No physician shall prescribe the use of buprenorphine combined with naloxone for a pregnant patient or a patient who is breastfeeding unless the physician

determines that the potential benefit of buprenorphine use justifies the potential risk of such use.

53-10-509.

The board of medical examiners, created by § 63-6-101, is authorized to impose disciplinary action pursuant to § 63-6-214, against a physician who fails to comply with the requirements of the Drug Addiction Treatment Act of 2000, P.L. 106-310.

53-10-510.

(a) At least every three (3) months, a physician authorized to prescribe buprenorphine combined with naloxone shall evaluate each patient for whom the physician has prescribed such treatment to determine whether the patient's dosage should be reduced. Each evaluation and the physician's determination shall be documented in the patient's records.

(b) If, after six (6) months of treatment with buprenorphine combined with naloxone, a patient's prescribed daily dosage includes more than sixteen (16) milligrams of buprenorphine and over four (4) milligrams of naloxone per day, the prescribing physician shall refer the patient for further treatment by a physician who is certified by the American Board of Medical Specialties (ABMS) in addiction medicine or pain management.

(c) If, after two (2) years of treatment with buprenorphine combined with naloxone, a patient's prescribed daily dosage includes over four (4) milligrams of buprenorphine and over one (1) milligram of naloxone per day, the prescribing physician shall refer the patient for further treatment by a physician who is certified by the ABMS in addiction medicine or pain management.

SECTION 2. Tennessee Code Annotated, Section 53-10-310(e)(3) is amended by deleting the language "all opioids and benzodiazepines" and by substituting instead the language "all opioids, benzodiazepines and buprenorphine".

SECTION 3. This act shall take effect January 1, 2014, the public welfare requiring it.