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Subject/Title: Medications for Opioid Use Disorder Enhancement Program

Purpose: To provide clear guidelines for Hospitals and Emergency Departments to ensure evidence-based treatment of individuals with opioid use disorder (OUD) with medications for opioid use disorder (MOUD).

Background:

Hospitals and Emergency Departments (EDs) play a key role in identifying and addressing opioid use disorder. Medications for use disorder (MOUD) are still underused in the United States, even though there is significant evidence showing their safety and effectiveness. Treatment of opioid use disorder (OUD) with medications reduces opioid misuse and the risks of overdose, return-to-use, and death compared with those receiving no treatment.

The DATA waiver (X-waiver), long considered a barrier preventing healthcare providers from prescribing MOUD, is no longer required. Recognizing this and the federal agencies encouraging provider prescribing of MOUD (e.g. FDA, CDC, SAMHSA), the Arizona Health Containment System (AHCCCS) published the Differential Adjusted Payment (DAP) CYE 2026 Public Notice including a Medications for Opioid Use Disorder Enhancement Program, which requires creating a policy for MOUD prescribing in the hospital and ED settings.

Policy Standards

1. Identification of Patients with Opioid Use Disorder

The goal is to identify patients presenting at the hospital or emergency department with opioid use disorder (OUD).

These patients can be potentially identified through

- Targeted assessment, such as presenting symptoms or other risk factors (e.g. long-term opioid therapy, other substance use disorder, mental health comorbidities, drug overdose).
- Self-disclosure.
- ICD codes F11.1, F11.10, F11.11, F11.12, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.15, F11.150, F11.151, F11.151, F11.159, F11.18, F11.181, F11.182, F11.189, F11.19, F11.2, F11.20, F11.21, F11.22, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.25, F11.250, F11.251, F11.259, F11.28, F11.281, F11.282, F11.288, F11.29.
- Or other mechanisms.

This identification practice should be adjusted to the care delivery setting and explored for a build-out into the electronic health record for alerts and quality improvement practices.

2. Treatment with Medication for Opioid Use Disorder

Patients identified to have an opioid use disorder and who are deemed candidates for MOUD shall be counseled on medication for opioid use disorder. Eligible interested patients shall then be prescribed an initial course of MOUD to start as soon as possible.

The FDA has approved three medications for the treatment of OUD: **buprenorphine, injectable naltrexone, and methadone.** Of note:

- Physicians, physician assistants, and nurse practitioners who have a current Drug Enforcement Administration (DEA) registration with the authority to prescribe controlled substances can prescribe **buprenorphine** for OUD.
- All healthcare providers with the authority to prescribe medication can prescribe **injectable naltrexone.**
- Generally, only physicians in opioid treatment programs (OTPs) can order **methadone** to treat MOUD. However, physicians in an inpatient setting can legally order methadone administration to patients admitted primarily for other reasons.

If MOUD is prescribed, effort will be taken to prescribe enough medication to "bridge" the individual into ongoing outpatient treatment.

This treatment practice will be adjusted to the care delivery setting and explored for a build-out into the electronic health record for alerts and quality improvement purposes.

3. Referral to Ongoing Care

Hospitals and EDs will establish direct referral pathways to outpatient clinicians to ensure continuity of care and management of MOUD within 1-14 days.

4. Staff Education

All clinical care providers/ clinicians will take education as required for familiarity with treating opioid use disorder, including signs and symptoms of opioid use disorder and utilization of medication for opioid use disorder.

5. Staff Positions (optional)

In building a robust MOUD program, multiple staff positions and roles may be considered for support. These may include: addiction medicine specialists, outpatient providers trained in prescribing MOUD, social workers, case managers, and/or MOUD program managers. These individuals, as appropriate, can develop and maintain protocols for MOUD initiation, review and analyze patient and outcome metrics, and interface with the hospital pharmacy as needed. These are optional and should be assigned or hired depending on the care setting and resources available.

6. Additional Resources

- Medications for Opioid Use Disorder, Treatment Improvement Protocol: TIP 63 (SAMHSA)
- Use of Medication-Assisted Treatment in Emergency Departments (SAMHSA)
- Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings (SAMHSA)
- Opioid Assistance and Referral Line (OAR Line) 24/7 Opioid Assistance and Referral Line
- AHCCCS Opioid Service Locator

References:

Clinical Policy: Critical Issues Related to Opioids in Adult Patients Presenting to the Emergency Department. Wolf, Stephen J.Hatten, Benjamin W. et al. Annals of Emergency Medicine, Volume 76, Issue 3, e13 - e39 https://doi.org/10.1016/j.annemergmed.2020.06.049

Dowell D, Brown S, Gyawali S, et al. Treatment for Opioid Use Disorder: Population Estimates — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:567–574. DOI: http://dx.doi.org/10.15585/mmwr.mm7325a1

NORC Walsh Center for Rural Health Analysis, 2021. Rural Medication for Opioid Use Disorder (MOUD) Toolkit [online] Rural Health Information Hub. Available at: https://www.ruralhealthinfo.org/toolkits/moud [Accessed 11 February 2025].

Stewart MT, Coulibaly N, Schwartz D, Dey J, Thomas CP. Emergency department-based efforts to offer medication treatment for opioid use disorder: What can we learn from current approaches? J Subst Abuse Treat. 2021 Oct;129:108479. doi: 10.1016/j.jsat.2021.108479. Epub 2021 May 15. PMID: 34080563; PMCID: PMC8380665.