DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION CENTER FOR SUBSTANCE ABUSE TREATMENT

Form Approved: OMB Number 0930-0206

Expiration Date: 03/31/2013 See OMB Statement on Reverse

Exception Request and Record of Justific Under 42 CFR § 8.11(h)	DATE OF SUBMISSION:	
Note: This form was created to assist in the interagency review of patient exceptions in opioid treatment programs (OTPs) under 42 CFR § 8.11(h).		
Detailed INSTRUCTIONS are on the cover page of this a speedy reply. Thank you.	s form. PLEASE complete ALL applicable items on this form. Your cooperation will result in	
Program OTP No: (e.g., AL-10001-M)	- Patient ID No:]
Program Name:		
Telephone:	Fax: E-mail:	-
Name & Title of Requestor:		
Patient's Admission Date:	Patient's current MethadoneBuprenorphine dosage level: mg Other:	_
Patient's program attendance schedule per week (Place an "X" next to all days that the patient attends*):	S M T W T F S	
*If current attendance is less than once per week, please	e enter the schedule:	
Patient status: Employed	Homemaker Student Disabled	
Other:		_
Nature of Request: Temporary take-home medication Temporary change in protocol	Detoxification Other:	
Decrease regular attendance to (Place an "X" next to appropriate days*): S M T W T F S Beginning date:		
*If new attendance is less than once per week, please enter the schedule: Dates of		
•	# of doses needed:	
— , , , —	eration Funeral Vacation Transportation Hardship	
	yment Medical Long-Term Care Facility Other Residential Treatmen	nt
Homebound Split D		
Other:		_
Regulation Requirements:		
1. For take-home medication: Has the patient been informed of the dangers of children ingesting methadone? YesNoN/A		
2. For take-home medication: Has the program physician considered the 8-point evaluation criteria to determine whether the Yes No N/A patient is suitable for dispensed methadone or buprenorphine as outlined in 42 CFR § 8.12(i)(2)(i)-(viii)?		
3. For multiple detoxification admissions: Did the physician justify more than 2 detoxification episodes per year and assess the patient for other forms of treatment (include dates of detoxification episodes) as required by 42 CFR § 8.12(e)(4)?		
Comments: (e.g., information from State PDMP, drug screen results, if applicable.)		
Submitted by: Printed Name of Physician	Signature of Physician Date	
State response to request: Approved De	nied	_
Decision not required	State Methadone Authority Date	
Explanation:		
Federal response to request: Approved De	enied	-
Decision not required	Public Health Advisor, Center for Substance Abuse Treatment Date	
Explanation:		
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The preferred method for submitting this form to CSAT/DPT is online at the SAMHSA OTP Extranet Web site, http://otp-extranet.samhsa.gov. For instructions or technical support, contact the OTP Extranet Information Center at 1-866-OTP-CSAT (1-866-687-2728) or otp-extranet.samhsa.gov. If you are unable to submit online, the form may be faxed to (240) 276-1630 or e-mailed as an attachment to otp-extranet.samhsa.gov. If you are unable to submit online, the form may be faxed to (240) 276-1630 or e-mailed as an attachment to otp@samhsa.hhs.gov.

This exception is contingent upon approval by your State Opioid Treatment Authority (as applicable) and may not be implemented until you receive such approval.

FORM SMA-168 (revised 2010) (FRONT)

Purpose of Form: This form was created to facilitate the submission and review of patient exceptions under 42 CFR § 8.11(h). This does not preclude other forms of notification.

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0206); Suite 7-1043, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0206.

FORM SMA-168 (revised 2010) (BACK)