

**Exception Request and Record of Justification
Under 42 CFR § 8.11(h)**

DATE OF SUBMISSION: 12/15/2021

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 provided at <http://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/submit-exception-request>. PLEASE complete ALL applicable items on this form and submit online* for a prompt reply. Thank you.

Program OTP No: - 1 2 3 4 5 - M
(e.g., AL-10001-M)

Patient ID No: A L L S T A B L E P T

Program Name: Example OTP

Telephone: (333) 333-3333 E-mail: exampleotp@gov.com

Name & Title of Requestor: John Smith, MD

Patient's Admission Date: N/A

Most recent urinalysis result (check all that apply):

Patient's applicable drug(s) and dosage (check all that apply):

Methadone Buprenorphine

Methadone Buprenorphine Other
30 mg mg

positive negative positive negative positive negative

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 enter the schedule _____

Patient status: Employed Homemaker Student Disabled
 Other: _____

Nature of Request:

Temporary take-home medication Temporary change in protocol Detoxification exception 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 Exception: From 12/23/2021 to 12/25/2021 # of doses needed: 1 dose per day for 500 pts

Justification: Family Emergency Incarceration Funeral Vacation Transportation Hardship
 Step/Level Change Employment Medical Long-Term Care Other Residential
 Homebound Split Dose Weather Crisis Treatment
Other: **Christmas Holiday [The Federal holiday is observed on Christmas Eve (12/24) and we are seeking blanket exceptions for 12/23 and 12/25].**

Regulation Requirements:

- For take-home medication: Has the patient been informed of the dangers of children ingesting methadone? Yes No N/A
- For take-home medication: Has the program physician considered the 8-point evaluation criteria to determine whether the patient is suitable for dispensed methadone or buprenorphine as outlined in 42 CFR § 8.12(i)(2)(i)-(viii)? Yes No N/A
- 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)? Yes No N/A

Comments: The clinic will be open 12/23 – 12/25 for abbreviated hours for unstable pts (pt# AB3, AB5, AB10, CD40); 500 patients will receive unsupervised doses

Submitted by: John Smith, MD
Printed Name of Physician

John Smith, MD
Signature of Physician

12/15/2021
Date

