

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Subject: Policy on Access to Buprenorphine
Policy Number: 003-16

Policy Scope: Buprenorphine Prior Authorization	Number of Pages: 3
Responsible Office or Division: Medicaid Director	Number of Attachments: 0
Effective Date: June 1, 2016	
Cross References and Related Policies: N/A	Expiration Date, if Any: N/A

I. PURPOSE

In late February, the Department of Health Care Finance (DHCF) convened a stakeholder meeting of providers, health plans, and agency officials from DHCF, Department of Health (DOH), and the Department of Behavioral Health (DBH) to discuss current challenges and issues relating to buprenorphine as an effective treatment for opioid use disorder. At that meeting, providers raised concerns about barriers to access to buprenorphine and a lack of consistency in prior authorization (PA) and dosage requirements, both among managed care organizations (MCO) and between MCO and fee-for-service (FFS) requirements. These concerns were underscored in a March DC Council hearing focusing on opioid addiction treatment.

Following up on these concerns and in consideration of recent directives from the White House and the federal Department of Health and Human Services to facilitate access to treatment for opioid addiction and to minimize access barriers for persons seeking treatment for opioid addiction, DHCF developed recommendations in consultation with DBH and the Drug Utilization Review (DUR) board to make the following changes for the prescription of buprenorphine.

II. APPLICABILITY

These policies and procedures apply to all Medicaid providers and managed care organizations.

III. AUTHORITY

Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6) (2012 Repl.))

IV. POLICY

1. A prescription for buprenorphine shall only be dispensed upon prior authorization by DHCF or its agent. A prior authorization (PA) shall be in effect for 12 months from the date of approval. Because no prescription for a controlled substance listed in Schedule III or IV shall be filled or refilled more than six months after the date on which such prescription was issued, a new prescription will continue to be required every six (6) months. The annual PA is necessary for program monitoring and to ensure provider compliance with federal practice limits.
2. If a PA has been requested, a pharmacist may dispense a 7-day supply for new patients without a PA, pending PA approval.
3. Success in addiction treatment is strongly correlated with counseling and should therefore remain a component of comprehensive services for addiction. The expectation is that providers will provide linkages to these services and advise patients to seek ongoing support. Practitioners should be prepared to provide documentation of “capacity to refer the patients for appropriate counseling and other appropriate ancillary services.”¹ Counseling could be delivered in both group and individual settings. While counseling is strongly correlated with success in addiction treatment, strict adherence to ongoing counseling is not a pre-requisite for maintaining a patient in treatment or for obtaining refills. If a patient is unable or unwilling to participate in on-going counseling, the provider shall document an explanation and rationale for maintaining the patient on a drug treatment regimen.
4. Providers may exceed the standard maximum dosage of 24mg/day if clinically justified. Research is emerging in this area to support such increases in a minority of patients with refractory disease. A request to exceed the maximum dosage shall be included in the PA request and outline the clinical and physiological characteristics warranting a higher dose.
5. Providers shall demonstrate evidence of monthly or bi-monthly urine drug screens not as a pre-requisite for treatment but for the duration of therapy as a quality measure to assess for ongoing opiate use in patients receiving buprenorphine. The Medicaid program reserves the right to conduct periodic and random chart audits for this information.
6. There shall be no lifetime limit on access to methadone, buprenorphine or naltrexone for the treatment of opioid addiction for DC Medicaid beneficiaries.
7. All prescribers shall meet federal, state and/or local qualifications specific to buprenorphine.

¹ Drug Addiction Treatment Act of 2000, Public Law 106-310-106th Congress-An Act

8. The process for PA request and approval is outlined at <http://www.dc-pbm.com/provider/forms#mh-content>.

V. PROCESS FOR REQUESTING PRIOR AUTHORIZATION

1. Beneficiaries Enrolled in Fee-For Service Medicaid

- a. To request prior authorization for buprenorphine/naloxone or Subutex, a physician must complete the attached PA request form. The PA form is available on the provider portal under frequently requested forms at www.dc-pbm.com.
- b. The completed PA form can either be submitted by fax to DHCF's Pharmacy Benefit Manager at (1-866) 535-7622) or PA request can also be made by calling the PBM's call center at (1-800) 273-4962.
- c. Under normal circumstance, the PA is processed within 24 hours. In case of new, initial prescriptions, the POS pharmacy is authorized to provide a seven (7) day supply pending PA approval. In case of an emergency, Holidays or weekends, the POS pharmacy is authorized to fill a seven-day emergency supply.

2. Beneficiaries enrolled in a Managed Care Organization (MCO)

Each MCO has its own process and request form. To request prior authorization for buprenorphine/naloxone or Subutex, a physician must contact the following:

- a. AmeriHealth Caritas District of Columbia
1-800-408-7510
Prior Authorization Request Forms can be found at www.amerihealthcaritasdc.com
- b. Trusted Health Plan
1-855-326-4831
Prior Authorization Request Forms can be found at www.trustedhp.com
- c. MedStar Family Choice
1-855-210-6203
Prior Authorization Request Forms can be found at www.medstarfamilychoice.com
- d. Health Services for Children with Special Needs
(202) 467-2737
HSCSN PA Fax # (202) 721-7190

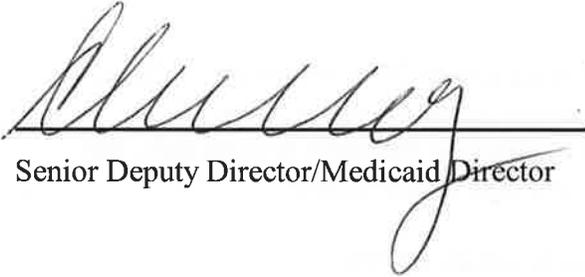
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Questions regarding this policy should be directed to Cavella Bishop, Program Manager:
Clinician, Pharmacy and Acute Provider Service at 202-724-8936 or cavella.bishop@dc.gov.

Questions regarding Fee-for-Service claims submission should be directed to Provider Services
at 202-906-8319 (inside DC metro area) or 866-752-9233 (outside DC metro area).

Questions regarding Medicaid Managed Care practices should be directed to Lisa Truitt,
Director, Division of Managed Care, Health Care Delivery Management Administration at 202-
442-9109 or lisa.truitt@dc.gov.

APPROVAL:


Senior Deputy Director/Medicaid Director

6/9/16
Date