GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Subject: Removal of Prior Authorization Requirements for Medication-Assisted Treatment

Policy #: 19-001

Policy Scope: Removal of Prior Authorization Requirements for Medication-Assisted Treatment for Opioid Use Disorder	**Number of Pages**: 4
Responsible Office or Division: Medicaid Director	**Number of Attachments**: 0
Supersedes Policy Dated: June 1, 2016 (#003-16)	**Effective Date**: April 1, 2019
Cross References and Related Policies: N/A	**Expiration Date, if Any**: N/A

I. PURPOSE

The purpose of this policy is to remove the prior authorization requirements for medication-assisted treatment (MAT) and to explain how providers can connect patients to MAT prescribed for the treatment of opioid use disorders and alcohol dependence.

In 2016, the Department of Health Care Finance (DHCF) published Policy # 003-16 "Policy on Access to Buprenorphine." The intent of that policy was to reduce barriers to access buprenorphine. That policy permitted pharmacies to dispense a seven (7) day supply of buprenorphine without prior authorization (PA); extended the length of PAs from six (6) months to twelve (12) months; and clarified that psychotherapy and toxicology screenings were no longer prerequisites for receiving a PA.[1]

[1] The most effective treatment of opioid dependency with Buprenorphine is to include psychotherapy and toxicology screenings as part of the medical standard of care.

The Executive Office of the Mayor (EOM) developed the District-wide Opioid Strategic Plan (OSP) in 2018. The OSP developed seven (7) goals along with structured interventions in response to opioid overdoses in the District. One of the 7 goals includes "reducing barriers to access treatment." As a result, DHCF, along with the Department of Behavioral Health (DBH) and D.C. Health, investigated the clinical practice of opioid use disorder (OUD) treatment and overdoses (fatal and non-fatal) in the District. Utilizing the recommendations of the OSP to remove restrictions on access to MAT, DHCF is amending Policy # 003-16 to remove the prior authorization requirements for buprenorphine, as well as other MATs, such as Vivitrol.[2]

This policy pertains to all of the following buprenorphine-containing drug products: Suboxone®, Subutex®, Zubsolv ®, Bunavail®, Probuphine®, Sublocade®, Butrans®, Belbuca®, Buprenex®, buprenorphine/naloxone, and buprenorphine. This policy permits these products to be prescribed and dispensed, in doses of up to 24mg/day, without a PA when used to treat an OUD. Additionally, this policy permits Vivitrol to be prescribed and administered, in doses of 380mg/injection, without a PA when used to treat opioid and alcohol dependence.

II. APPLICABILITY

This policy applies to all Medicaid providers and Managed Care Organizations (MCO).

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

For buprenorphine and all buprenorphine containing drug products such as Suboxone®, Subutex®, Zubsolv ®, Bunavail®, Probuphine®, Sublocade®, Butrans®, Belbuca®, Buprenex®, and buprenorphine/naloxone:

1. Medicaid providers may dispense a prescription for Buprenorphine, up to 24mg/day, that meets criteria for medical appropriateness and is consistent with federal regulations without prior authorization by DHCF, its agent(s), or the beneficiary's MCO. Buprenorphine is a controlled substance listed as a Schedule III drug. Federal regulations prohibit drugs in this class from being filled or refilled more than six months after the date on which such prescription is issued. Therefore, prescriptions greater than six (6) months old are not valid and must be renewed.

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[2] Live.Long.DC., December 2018
https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/LIVE.%20LONG.%20DC-%20Washington%20DC%27s%20Opioid%20Strategic%20Plan.pdf.

2. Entities that are credentialed, certified, and authorized to provide psychotherapeutic services shall provide these services directly to patients meeting medical necessity criteria without prior authorization (PA) or, in the alternative, link patients to care. At a minimum, practitioners shall document linkages and/or attempts to link patients to psychotherapeutic services.

3. Medicaid providers may prescribe more than 24mg/day for patients meeting medical necessity criteria if they obtain PA from DHCF, its agent, or the beneficiary's MCO. To do so, the provider shall include a request to exceed 24mg/day in the PA request and shall outline the clinical and physiological characteristics warranting a higher dose. If such a PA has been requested, a pharmacist may dispense a 7-day supply for new patients without a PA, pending approval of the PA.

4. Medicaid providers must perform a minimum of two toxicology screenings per member annually to assess for ongoing substance use for each beneficiary receiving treatment. Medicaid Providers shall collect and document toxicology screenings in the beneficiary's medical record and make them available upon request.

5. Medicaid beneficiaries will not be subject to any lifetime limit on access to buprenorphine for the treatment of opioid addiction, regardless of source or type of coverage.

6. All District Medicaid prescribers shall meet federal, state and/or local qualifications specific to buprenorphine.

7. Each approved medical professional shall be a registered user of the District's Prescription Drug Monitoring Program (PDMP). The approved medical professional shall check the PDMP before providing each prescription of buprenorphine and shall document his/her findings in the patient's medical record.

For Vivitrol ® (naltrexone for extended-release injectable suspension):

1. A health practitioner may dispense a Vivitrol prescription of 380mg/injection without prior authorization to Medicaid beneficiaries as clinically indicated.

2. A District Mental Health Network Pharmacy may only deliver Vivitrol to an approved, qualified medical professional directly. Under no circumstance is Vivitrol to be provided directly to the beneficiary.

3. Only an approved, qualified medical professional may administer Vivitrol. The medication must be administered through an intramuscular injection, using the special administration needle that is provided with the product and may not be injected using any other needle. The approved medical professional shall perform a "Naloxone Challenge

Test"[3] prior to each administration and document his/ her findings in the beneficiary's medical record.

4. There shall be no lifetime limit on access to Vivitrol for the treatment of opioid or alcohol addiction for DC Medicaid beneficiaries.

5. All District Medicaid prescribers shall meet federal, state and/or local qualifications and requirements specific to Vivitrol.

6. All District Medicaid prescribers of Vivitrol shall be a registered user of the District's Prescription Drug Monitoring Program (PDMP).

7. The approved medical professional shall check the PDMP before providing each prescription of Vivitrol and shall document his/her findings in the patient's medical record.

Questions regarding this policy should be directed to JaVon Oliver, Behavioral Health Coordinator, Health Care Delivery and Management Administration at (202) 478-2434 or javon.oliver2@dc.gov.

Questions regarding Fee-for-Service claims submission should be directed to the Pharmacy Benefit Manager Call Center at 1-800-273-4962.

Questions regarding Medicaid Managed Care practices should be directed to Elisa Fauntleroy, Program Manager, Division of Managed Care at (202) 442-8998 or elisa.fauntleroy@dc.gov.

APPROVAL:

Melisa Byrd
Senior Deputy Director/
State Medicaid Director

4/1/19
DATE

[3] The Naltrexone Challenge Test involves oral administration of 25 mg (i.e., half of a 50 mg tab), and is negative if no withdrawal signs or symptoms are apparent after 1 hour. If symptoms are present the medical professional shall not proceed to dose.