

ALASKA MEDICAID – STANDARDS OF CARE

Oral Buprenorphine-based Medication Assisted Therapy Office-Based Opioid Treatment

Opioid dependency treatment and pathways to recovery demonstrate the highest persistence of opioid misuse avoidance when comprehensive treatment strategies are available to individuals. Integration of counseling and behavioral health treatment with opioid partial agonists is evidence-based and required under federal law. For individuals who opt for treatment with buprenorphine-based medication assisted therapy, (1) accessibility, (2) comprehensiveness, (3) coordination, and (4) continuity are critical components.

<p>ACCESSIBILITY</p> <ul style="list-style-type: none"> • Patient-centric MAT options • Management of barriers to treatment • Initial and follow-up care available 	<p>COMPREHENSIVENESS</p> <ul style="list-style-type: none"> • MAT • Integration of behavioral health services • HIV/Hep C screening and treatment • Family-planning options • Prenatal care • Co-morbid conditions • Family engagement • Education • Harm reduction, self-care
<p>COORDINATION</p> <ul style="list-style-type: none"> • Primary care, other care providers • Specialty or other service referral <i>prn</i> • Level of care escalation referral <i>prn</i> • Connection with social supports, e.g., housing, education, etc. • Peri-procedure treatment planning coordination 	<p>CONTINUITY</p> <ul style="list-style-type: none"> • Patient-centric treatment plan¹, including care management • Team emphasis • Exit/re-entry protocols

Drug Enforcement Agency (DEA) Drug Addiction Treatment Act (DATA) 2000 waived prescribers opting to prescribe buprenorphine-based medication assisted treatment for Medicaid members shall conform to the minimum standards of care outlined in this document. Prescribers may demonstrate conformation with these standards of care by either (1) presenting prior authorization requests for each individual member being prescribed buprenorphine-based products beyond the first 28-days of therapy or (2) satisfactorily completing the attestation form and committing to at least the minimum standards of care throughout the authorized period. Prescriptions filled during the prescriber's 12 month authorization period will not require separate individual prior authorizations. Prescribers who fail to maintain conformation with the minimum standards of care outlined in this document, will be required to present prior authorization requests for individual members until such time the prescriber is able to resolve any relevant deficiencies.

Alaska Medicaid Prior Authorization Oral Buprenorphine-Based Products

PREFERRED MEDICATION:

Refer to Preferred Drug List available at:

<http://dhss.alaska.gov/dhcs/pages/pharmacy/medpriorauthoriz.aspx>

INDICATION:

Opioid dependence in individuals at least 16 years old.

CRITERIA FOR APPROVAL:

Patients new to buprenorphine-based medication-assisted therapy (MAT), within the most recent 60 days, will not require prior authorization for the first 28 days when initiating therapy.

To ensure prescribers are adhering to best-practice principles, prescribers must seek prior authorization for continuation of therapy and ensure the following criteria are met:

1. The prescriber attests to maintaining authorization to prescribe buprenorphine treatment for opioid dependency and meets all qualifications (State and Federal; i.e., DATA-certified), and has been issued a special identification number from the Drug Enforcement Administration and may not accept cash payments from Medicaid members; **AND**
2. The patient is not receiving other narcotic analgesics, stimulants, carisoprodol, benzodiazepines, tranquilizers, or consuming alcohol while receiving MAT; **AND**
3. Patient and prescriber have a defined MAT treatment plan (including functional goals) and projected timeline on record; **AND**
4. Patient is receiving regular psychosocial support; **AND**
5. Maximum dose of buprenorphine less than or equal to:
 - Buprenorphine (Suboxone, Subutex) – 24mg/day
 - Buprenorphine (Bunavail) – 12.6mg/day (two 6.3mg films)
 - Buprenorphine (Zubsolv) – 22.8mg/day (two 11.4mg tablets)
6. Single ingredient buprenorphine products (e.g., Subutex) are restricted to pregnant females.

PRESCRIBER RESPONSIBILITIES

1. If buprenorphine-prescriber is not providing psychosocial support to the patient, the MAT-prescriber maintains a coordinated shared care plan with another practitioner and maintains copies of the care plan with both practitioners; **AND**
2. Prescribers are responsible for routinely screening patients for anxiety and mental health challenges and provided supportive access to care.
3. If patient has chronic pain, prescriber develops patient-centric defined treatment plan to manage chronic pain in the absence of opioids that optimizes non-opioid therapies.
4. Patients are encouraged to enroll in the AMCCI program; prescribers may refer patients.
5. Prescribers are responsible for requesting prior authorization for continuation of therapy in sufficient time to avoid patient not having access to medically necessary treatment.
6. Prescribers are responsible for maintaining an up-to-date treatment plan and reviewing at least every six months with the patient. Trial tapers to lower maintenance doses should be considered when the patient has been stabilized and patient demonstrates readiness.

CRITERIA RESULTING IN DENIAL:

1. The patient is 15 years old or younger; **OR**
2. The patient is being treated for anything other than opioid dependence; **OR**
3. The patient has not agreed to adhere to a treatment plan; **OR**
4. The prescriber does not meet all qualifications to prescribe buprenorphine-based products for opioid dependence; **OR**
5. The patient is receiving narcotic analgesics, simulants, carisoprodol, benzodiazepines, tranquilizers, or is consuming alcohol regularly.

LENGTH OF AUTHORIZATION:

1. If the prescriber has successfully completed the Standards of Care Attestation application, prescriptions filled during the prescribers 12 month authorization period will not require separate individual prior authorizations.
2. Until a prescriber has successfully completed the attestation for the Standards of Care, individual patient prior authorization may be authorized for up to six (6) months. After 6 months a new prior authorization may be obtained.

DISPENSING LIMIT:

- The dispensing limit is a 34 day supply of medication.

MAXIMUM DAILY DOSE:

Daily doses exceeding the following will not be authorized

- Buprenorphine (Suboxone, Subutex) – 24mg/day (three 8 mg films)
- Buprenorphine (Bunavail) – 12.6mg/day (two 6.3mg films)
- Buprenorphine (Zubsolv) – 22.8mg/day (two 11.4mg tablet)

Regulatory Authority:

Alaska Medicaid prior authorization clinical criteria for use and standards of care are developed under the authority granted to the Alaska Medicaid Drug Utilization Review Committee in compliance with 7 AAC 120.120, 7 AAC 120.130, 7 AAC 120.140, 42 USC 1396r-8, and 42 CFR 456 Subpart K. The Committee considers each of the following in the development of clinical criteria for use as outlined in 7 AAC 105.230(c): medical necessity, clinical effectiveness, cost-effectiveness, and likelihood of adverse effects as well as service-specific requirements. Drugs which fall into a specific therapeutic category but are approved by the FDA after the most recent revision of that therapeutic drug class review will be subject to the same standards set by DUR Committee for the relevant therapeutic category's prior authorization clinical criteria for use. This includes a requirement to utilize or trial preferred agents prior to the utilization of a non-preferred agent within a given therapeutic category unless a documented clinical contraindication exists.

Covered outpatient drugs must meet the parameters defined in 7 AAC 120.110. Drugs which the FDA has approved but clinical benefit has not been established will not be approved.

REFERENCES:

1. Alaska Administrative Code. 12 AAC 40.975. Prescribing controlled substances.
2. Mullin D, Martin S. Primary Care of Patients with Opioid Use Disorder (slide presentation). Presented at Alaska Primary Care Association. 2017.
3. U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, Buprenorphine Waiver Management, available at <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver>
4. U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, Qualify for Nurse Practitioners (NPs) and Physician Assistants (PAs) Waiver, available at <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/qualify-np-pa-waivers>
5. U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, PEP18: Treatment Locator, available at <https://store.samhsa.gov/shin/content/PEP18-TREATMENT-LOC/PEP18-TREATMENT-LOC.pdf>
6. Center for Substance Abuse Treatment. *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction*. Treatment Improvement Protocol (TIP) Series 40. DHHS Publication No. (SMA) 04-3939. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004