



Effective Treatment for Opiate Use Disorders: Removing Barriers to Medication Assisted Treatment

Effective: January 1, 2019

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The Ohio Department of Medicaid (ODM) has been particularly assertive in responding to the opiate crisis in Ohio as the Centers for Disease Control and Prevention (CDC) reported that Medicaid members were prescribed opioids at more than twice the rate as those with commercial insurance and were at greater risk for opioid abuse and death (CDC, 2009) (CDC, 2012). ODM responses have included coverage of medication-assisted-treatment (MAT) (following current evidence-based guidelines), expanding treatment and integrating physical health and substance use disorder delivery systems, innovation in the delivery of care, and collaboration with other state agencies to reduce prescribing and misuse of prescription opioids. Continuing its assertive response to the opioid crisis in Ohio, ODM is supporting best-evidence treatment guidelines for the utilization of Medication Assisted Treatment (MAT) by removing the administrative barriers to MAT such as prior authorization. Effective January 1, 2019, the Ohio Department of Medicaid (ODM) – both fee for service and managed care, will eliminate prior authorization on all brand and generic forms of oral short acting buprenorphine-containing products for all prescribers of MAT.

In order to facilitate patient safety, there will be point-of-sale safety edits for initial fills of oral short acting buprenorphine-containing products (i.e., no claim for oral short acting buprenorphine in the prior 90 calendar days) per the following:

- a. Individuals who are 15 years of age or younger; or
- b. Individuals who are male and receiving short acting buprenorphine without naloxone; or
- c. Individuals who are female and 45 years of age or older and receiving short acting buprenorphine without naloxone
- d. Dosages that are greater than 24 mg/day; or
- e. Dosages over 16 mg/day beginning 90 days after the initial fill.
- f. Long-acting or injectable buprenorphine.

These edits will cause transactions to deny at the pharmacy point of sale and require the prescribing provider to request the product per existing prior authorization processes.

In favor of eliminating prior authorization for all forms of oral short acting buprenorphine-containing products, ODM and the MCPs will implement a retrospective drug utilization review (DUR) process aimed at identifying prescribers/providers who deliver services consistent with clinical standards of care. Providers who fall outside of these acceptable standards of care will be subject to a communication requirement by ODM and the MCPs until the provider demonstrates a consistent pattern of appropriate care. DUR evaluation criteria are as follows:

- a. Individuals who receive a dose of buprenorphine that is greater than 16 mg/day for three months or longer (this will be programmed as a point-of-sale safety edit after the 3 months); or
- b. Females of reproductive age (15 to 44 years old) with claims for short acting buprenorphine only for longer than 9 months; or
- c. Individuals with claims for concurrent use of opioids (including MAT) and benzodiazepines.
- d. Individuals without urine drug screen claims in the prior 3 monthsⁱ; or
- e. Individuals with claims for excessive or non-random utilization of urine drug screensⁱⁱ; or
- f. Individuals without claims for medical professional services (E & M codes) related to Medication Assisted Treatment (MAT) prescription in the prior 3 monthsⁱⁱⁱ

Please direct any questions regarding this policy to [Medicaid Pharmacy@medicaid.ohio.gov](mailto:Medicaid_Pharmacy@medicaid.ohio.gov).

i, ii, iii To be implemented after claims data becomes available.