



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Linda Seemeyer, Secretary

November 16, 2018

The Honorable Leah Vukmir
Chair, Senate Committee on Health and Human Services
Room 415 South
State Capitol
PO Box 7882
Madison, WI 53707-7882

The Honorable Joe Sanfelippo
Chair, Assembly Committee on Health
Room 306 North
State Capitol
PO Box 8953
Madison, WI 53708

Dear Senator Vukmir and Representative Sanfelippo:

2017 Wisconsin Act 262 requires the Department of Health Services (DHS) to review its prior authorization policy on buprenorphine-containing products provided to medical assistance (MA) program recipients and submit a report. DHS is not required to submit the report after the date the prior authorization requirement for use of buprenorphine-containing products by MA program recipients is eliminated for all appropriate populations.

The most recent review finds Wisconsin Medicaid's Preferred Drug List is in line with prescribing patterns across the state, as 99.93% of prescriptions filled for buprenorphine-containing products are for listed drugs that no longer require prior authorization. The analysis also finds retaining a prior authorization requirement for nonpreferred buprenorphine-containing products does not create an undue barrier to access for Wisconsin Medicaid members since the overwhelming majority of claims are for preferred buprenorphine-containing products. The remaining drugs are approved via an expediated process.

The full report is attached.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Seemeyer".

Linda Seemeyer
Secretary

**Wisconsin Medicaid Prior Authorization Policy
for Buprenorphine-Containing Products for Medication-Assisted Treatment
November 1, 2018**

Overview

This report meets the requirements of two directives regarding prior authorization for buprenorphine-containing drugs for Wisconsin Medicaid members as required by Executive Order 273 and 2017 Wisconsin Act 262. The analysis finds removing preferred buprenorphine-containing products from the prior authorization (PA) process was an appropriate move. It further finds retaining the specialized PA process for nonpreferred products does not create an undue barrier to access medication-assisted treatment (MAT) while facilitating reduced risk for abuse.

Current Coverage Policy

Wisconsin Medicaid currently covers all available medication options used to treat opioid use disorder (OUD), including naltrexone, methadone, and buprenorphine-containing products.

Naltrexone and Methadone

Naltrexone and methadone for OUD are unrestricted and do not require PA. The risk for abuse of these drugs is very low since both products are administered under the supervision of a licensed provider.

Buprenorphine-Containing Drugs

In contrast, buprenorphine-containing drugs are dispensed at the pharmacy, creating an inherently higher risk of diversion and/or misuse. Therefore, restrictions through the PA process have been required for some buprenorphine-containing drugs.

As required by statute, as of July 1, 2018, PA for *preferred* buprenorphine-containing products was removed in response to the current opioid epidemic and the concern that PA for MAT products may cause an unnecessary delay in initiating treatment. It is widely recognized the window of time to effectively treat opioid addiction is narrow. The longer the delay in treatment, the more likely an individual is to change their mind about pursuing treatment or to relapse if they start experiencing symptoms of withdrawal. Wisconsin Medicaid concluded the benefits of easing prescribing restrictions outweighed the risks of diversion or misuse for preferred buprenorphine-containing products. This is consistent with many commercial insurance companies who have also dropped the PA requirement for privately insured patients within the past year. Access to methadone and naltrexone continues to be unrestricted for the same reasons.

Despite the benefits of easing prescribing restrictions for preferred buprenorphine-containing products noted above, Wisconsin Medicaid continues to retain PA for *nonpreferred* buprenorphine-containing products. While Medicaid must pay for nearly all drugs under federal law, states are allowed to manage their pharmacy costs by placing drugs they consider to work the best and are the most affordable on a preferred drug list (PDL). Drugs listed on the PDL can

often be obtained without PA to allow for easier access and support value-based purchasing as the ability to leverage the manufacturer for better pricing remains intact.

Coverage policy for the buprenorphine-containing class, as indicated in the chart below, includes a preferred product for each dosage form—film and tab. The nonpreferred film and tab products are substitutes, i.e., they are clinically interchangeable with the preferred drugs. However, these nonpreferred products are considered not to be cost effective to the Wisconsin Medicaid program and, therefore, do not achieve preferred status.

Data from the most recent quarter after PA was removed (July 1, 2018) for preferred buprenorphine-containing products indicate that 99.93% of prescriptions filled for buprenorphine-containing products are for the *preferred* variety for which PA is no longer required.

Current Coverage Policy for Opioid Dependency Drugs Containing Buprenorphine and Claims Data for period of July 1 – September 30, 2018

Drug Class	Drug Name	Dosage Form	PDL status	Prior Auth.	Diagnosis Restriction	Number of Claims	% of Claims
Buprenorphine/ Naloxone	Suboxone	Film	Preferred	None	Opioid Dependency	19,435	98.45%
	Zubsolv	Tab	Preferred	None	Opioid Dependency	293	1.48%
	Bunavail	Film	Nonpreferred	PA required	Opioid Dependency	8	0.04%
	Buprenorphine-Naloxone	Tab	Nonpreferred	PA required	Opioid Dependency	4	0.02%
Total						19,740	100%
Buprenorphine only	Buprenorphine	Film/Tab	Non-preferred	PA required	Opioid Dependency for pregnant women	1,134	

DHS believes these data show:

1. Wisconsin Medicaid’s PDL is in line with prescribing patterns across the state as 99.93% of prescriptions filled for buprenorphine-containing products are for drugs listed on the PDL.
2. Retaining a PA requirement for nonpreferred buprenorphine-containing products does not create an undue barrier to access for Wisconsin Medicaid members since the overwhelming majority of claims (99.93%) are for preferred buprenorphine-containing products, which do not require PA.

Wisconsin Medicaid continues to enforce a diagnosis restriction of opioid dependency on all buprenorphine-containing products since opioid dependency is the only FDA approved indication for the use of these products. There are no dose limits or duration of treatment constraints on the use of any of these products.

Buprenorphine-Only Products—Used for MAT in Pregnant Women

Buprenorphine-only products are almost exclusively used for MAT in pregnant women. Naloxone is relatively contraindicated during pregnancy, making buprenorphine-only products (along with methadone) suitable for expectant mothers.

Wisconsin Medicaid continues to require PA for oral *buprenorphine-only* products. Oral buprenorphine-only products, which lack the abuse deterrent naloxone, are significantly more prone to misuse. Without naloxone, these products can be manipulated and injected intravenously for euphoria. As indicated in the chart, there were 1,134 claims for buprenorphine-only products from July through September 2018.

Prior authorization for the buprenorphine-only products is handled using the specialized transmission approval technology-prior authorization (STAT-PA) automated system. STAT-PA allows providers to request and receive PA electronically, allowing authorization to be confirmed in a matter of minutes while the member is waiting at the pharmacy. Buprenorphine-only products are authorized when there is an accompanying attestation of current pregnancy and expected delivery date. In the event that the provider has not included details of the pregnancy and delivery date with the prescription, dispensing will not be delayed, as buprenorphine-only products are available through a pharmacist-requested “expedited emergency supply” for pregnant women for up to 14 days.

For Medicaid members for whom oral administration of buprenorphine is deemed no longer appropriate or feasible, Wisconsin Medicaid policy allows buprenorphine-containing products that are provider-administered. The buprenorphine implant does not require PA and provides a low, steady dose of the medication for six months. The provider-administered monthly intramuscular injection remains nonpreferred due to significantly higher cost, but is accessible via PA.

Conclusion

DHS believes the latest quarter of claims data shows retaining a PA requirement for nonpreferred buprenorphine-containing products does not create an undue barrier to access to MAT for Wisconsin Medicaid members. The overwhelming majority of claims are for *preferred* buprenorphine-containing products for which PA is no longer required.

