

BUPRENORPHINE-NALOXONE UTILIZATION IN MEDICAID FEE-FOR-SERVICE (FFS) AND MSCAN PLANS SINCE ADOPTION OF FFS TREATMENT GUIDELINES

BACKGROUND

The Division of Medicaid (DOM) implemented a new Buprenorphine-Naloxone treatment guideline September 1, 2012. In addition to dose reduction and limited use of narcotics, the guidelines limited beneficiaries to a maximum of 24 total months of therapy and 1 restart of therapy after treatment failure or discontinuation for other reasons. It is approaching the two-year mark since implementation and DOM asked MS-DUR to examine how many beneficiaries might be exhausting coverage and what the implications of the uniform PDL might be on cumulative coverage.

SUMMARY OF CURRENT DOM BUPRENORPHINE-NALOXONE TREATMENT GUIDELINES

- Buprenorphine-Naloxone therapy will be approved only for the treatment of opioid dependence.
- Buprenorphine will only be approved for use during pregnancy.
- Beginning September 1, 2012, there will be a **cumulative 24 months** maximum coverage for each beneficiary.
- A refill gap of 60+ days will be considered to be a discontinuation and will require a restart in treatment. Beneficiaries are only allowed one restart of therapy.
- The following maximum daily doses are in effect for initial start of therapy:
Step 1 – maximum daily dose of 24 mg/day for 1 month
Step 2 – maximum daily dose of 16 mg/day for next 4 months
Step 3 – maximum daily dose of 8 mg/day for remainder of time on therapy up to a cumulative 24 months of coverage
- The following maximum daily doses are in effect for restart of therapy:
Step 1 – maximum daily dose of 16 mg/day for 2 months
Step 2 – maximum daily dose of 8 mg/day for remainder of time on therapy up to a cumulative 24 months of coverage
- Beneficiaries cannot have prescriptions for more than a 5 day supply of opiates while on therapy.
- Beneficiaries can have a cumulative total of 10 days of opiate therapy during the time on therapy.
- Buprenorphine-Naloxone refills will be rejected if the beneficiary has had an opiate prescription for more than 5 days supply within the last 30 days.
- Beneficiaries with more than a cumulative 10 days of opiate therapy while on Buprenorphine-Naloxone therapy will no longer be eligible for coverage.

Objectives were:

- To determine how many months of therapy beneficiaries have used and how many are approaching limits on the total number of days covered (730).
- To determine how many beneficiaries might be affected by the uniform PDL including the current treatment protocol with transparency in benefits when patients move across plans.

METHODS

A retrospective analysis was conducted using Mississippi Medicaid FFS pharmacy claims and MSCAN encounters for the period September 1, 2012 through June 30, 2014.

RESULTS

Table 1 shows the number of beneficiaries covered for buprenorphine-naloxone therapy since implementation of the DOM treatment guideline. Since implementation, 236 beneficiaries have received therapy through free-for-service (FFS) and 773 received therapy through an MSCAN plan. Only 21 beneficiaries received therapy through more than one plan, with 20 of these receiving care through FFS before transferring to an MSCAN plan. These results indicate that issues related to transitioning from one plan to another may be minimal since the majority of the shift expected would be from FFS to MSCAN with a small amount of shift between MSCAN plans.

Plan	Number of Beneficiaries
FFS	216
United Health Care	412
Magnolia	340
FFS / United Health Care	9
FFS / Magnolia	11
United Health Care / Magnolia	1

The DOM FFS guidelines only allow 1 restart (total of 2 starts). As shown in Table 2, only 1 beneficiary has exceeded the DOM guideline even when transfers across plans have occurred. Adoption of the current DOM guidelines regarding restarts as part of the uniform PDL would not appear to cause any major problems with respect to restarts, even when patients transfer across plans.

Number of Starts*	FFS	UHC	Magnolia	Total All Plans Used
1	212	401	316	908
2	4	11	23	38
3			1	1

* Refill gap of 60+ days considered to be a restart

The DOM FFS guidelines allow a cumulative maximum of 24 months of buprenorphine-naloxone therapy. The distribution of total number of days beneficiaries have remained on therapy in the FFS plan has remained similar to that presented to the DUR Board in February 2012 when the guidelines were recommended. The distributions for Magnolia shows slightly longer periods on therapy and the distribution for United Health Care shows much longer periods on therapy. Even though these distributions differ, no beneficiaries received more than 365 days of therapy at this time and inclusion of the maximum days of therapy criteria in the uniform PDL should not be a problem.

TABLE 3: Total Days of Therapy Covered by Plan						
Total Days	FFS		UHC		Magnolia	
	n	%	n	%	n	%
1-30	106	49.1%	50	12.1%	68	20.0%
31-60	57	26.4%	38	9.2%	66	19.4%
61-90	30	13.9%	40	9.7%	54	15.9%
91-120	10	4.6%	41	10.0%	45	13.2%
121-150	0	0.0%	20	4.9%	35	10.3%
151-180	3	1.4%	21	5.1%	26	7.7%
181-210	2	0.9%	33	8.0%	22	6.5%
211-240	1	0.5%	39	9.5%	13	3.8%
241-270	3	1.4%	58	14.1%	6	1.8%
271-300	3	1.4%	44	10.7%	4	1.2%
301-330	1	0.5%	27	6.6%	1	0.3%
331-360	0	0.0%	1	0.2%	0	0.0%

CONCLUSIONS

DOM has a policy of aggressively managing potential drugs of abuse. While buprenorphine-naloxone therapy can be an important component of treatment for opioid dependency, there is abuse potential for the drug itself. Based on the results reported, it does not appear that the DOM guidelines are too rigid. Nor does it appear that implementation of the guidelines as part of the uniform PDL would create restrictions in therapy for beneficiaries moving from plan to plan. Therefore, MS-DUR makes the following recommends at this time:

Recommendation 1: The current DOM buprenorphine-naloxone treatment guidelines should be incorporated into the uniform PDL in order to maximize consistency across plans.

Recommendation 2: Implementation of the DOM buprenorphine-naloxone treatment guidelines in the uniform PDL should treat movement across plans as transparently as possible, with all previous use being taken into account by the new plan.