CHANGES TO MISSISSIPPI DIVISION OF MEDICAID (DOM) GUIDELINES FOR USE OF BUPRENORPHINE/NALOXONE AND BUPRENORPHINE Mailed February 22, 2017

BACKGROUND

Increased use of medication-assisted treatment (MAT) for opioid use disorders is an integral component of addressing opioid addiction. Existing evidence shows that MAT is under-utilized. MAT is the use of medications in combination with counseling and behavioral therapies to provide a comprehensive patient approach to the treatment of substance use disorders, including opioid use disorders.

Currently, there are four MAT medications approved by the FDA for the treatment of opioid dependence: methadone, buprenorphine, buprenorphine/naloxone, and naltrexone. Buprenorphine-based MAT is governed by the Controlled Substances Act (CSA), as amended by the Drug Addiction Treatment Act of 2000 (DATA 2000).

In September 2012, DOM implemented criteria through electronic prior authorization (PA) and the pharmacy point-of-sale (POS) systems for managing use of buprenorphine/naloxone. In March 2016, the Centers for Medicare and Medicaid Services (CMS) issued a final ruling on how the Mental Health Parity and Addiction Equity Act of 2008 applied to Medicaid programs.[1]

In consideration of CMS' final ruling described above, DOM's DUR Board recommended the following criteria for use of buprenorphine/naloxone and buprenorphine in the treatment of opioid dependence. These criteria apply to DOM's regular fee-for-service beneficiaries, as well as Magnolia Health™ and UnitedHealthcare® beneficiaries requiring buprenorphine/ naloxone or buprenorphine "MAT" prescriptions for the treatment of opioid dependence.

MAILING

MS-DUR extracted all prescriptions for buprenorphine/naloxone filled between August 1, 2016 and December 31, 2016 and paid for by fee-for-service (FFS), United Healthcare, or Magnolia. 246 unique prescribers were identified as being associated with these prescriptions. Each prescriber was mailed the attached letter and a laminated copy of the attached Provider Summary documents.

[1] www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-03-29

IMPORTANT INFORMATION ABOUT CHANGES TO MISSISSIPPI DIVISION OF MEDICAID (DOM) GUIDELINES FOR USE OF BUPRENORPHINE/NALOXONE AND BUPRENORPHINE

February 22, 2017

Dear Prescriber:

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Buprenorphine/naloxone (Suboxone®) and buprenorphine (Subutex®) Criteria for the treatment of opioid dependence

- Appropriate Diagnosis – unchanged
- Length of Coverage – the 24-month maximum length of coverage and limits on restarts should be removed.
- Step Therapy With Maximum Daily Doses – change to:
  - Induction and stabilization phase – maximum daily dose of 24 mg/day for up to 2 months
  - Maintenance phase -- maximum daily dose of 16 mg/day
- Opioid Use Restriction – unchanged

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Buprenorphine/Naloxone and Buprenorphine THERAPY COVERAGE

MISSISSIPPI DIVISION OF MEDICAID

Provider Summary Sheet

START (first prescription fill in 90 days)

Induction and Stabilization Phase	Months 1 - 2	Maintenance Phase	Months 3 and after
	Up to 24mg/day**		Up to 16mg/day **

*** Maximum daily doses shown are for use of Suboxone®, the preferred product. If Zubsolv® or Bunavail® are approved for use, equivalent dosing limits will apply. Refer to the Uniform Preferred Drug List for criteria regarding use of non-preferred products.*
http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list

- Buprenorphine/naloxone and buprenorphine are only approved for opioid dependence ICD-10 codes that must be found in medical claims or written on prescription and entered by pharmacist with prescription claim (F11.10, F11.120, F11.129, F11.2xx, F11.90, F19.20 or F19.21).
- Buprenorphine is only approved for use during pregnancy. Appropriate ICD-10 codes must be found in medical claims or written on prescription and entered by pharmacist with prescription claim. Appropriate codes can be found at: http://www.medicaid.ms.gov/wp-content/uploads/2015/09/Pharmacy_ICD-10Codes.pdf
- All buprenorphine/naloxone and buprenorphine prescribers must have current XDEA number.

Opiate use restriction:

- Beneficiaries cannot fill a prescription for more than 5 day supply of opiate within last 30 days while on buprenorphine/naloxone therapy.
- Cumulative maximum of 10 days of opiate treatment within last 60 days while on buprenorphine/naloxone therapy.
- Medicaid claims are electronically reviewed for opiate use. Physicians and pharmacists are encouraged to use Prescription Monitoring Program (PMP) to monitor opiate use paid for by cash or other payers.

Trouble Shooting Rejections:

- ***Claim denied no diagnoses for opioid dependence or no diagnosis for pregnancy (buprenorphine use) found***
  Solution: *Physician should write diagnosis code on prescription and pharmacy should enter diagnosis code on pharmacy claim and call Medicaid PA unit if claim is still rejected for lack of diagnosis.*
- ***Beneficiary has claim for > 5 days of opiate use***
  Solution: *Manual PA required from physician for appeal with medical justification for continuing treatment while taking opioids.*
- ***Beneficiary has more than 10 days total opiate supply during last 60 days while on therapy***
  Solution: *Manual PA required from physician for appeal with medical justification for continuing treatment while taking opioids.*

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Copies of this Summary Sheet are available at:
https://medicaid.ms.gov/providers/pharmacy/pharmacy-resources/