

Frequently Asked Questions:
Removing Prior Authorization for PDL Preferred Opioid Use Disorder Medications in the Michigan Medicaid Program

November 14, 2019

Background

Effective December 2, 2019, the MDHHS Medicaid program will remove prior authorization for all “Preferred” opioid use disorder medications on its [Michigan Preferred Drug List \(PDL\)](#).

FAQs

1. Q: Why did MDHHS have prior authorization for some of its opioid use disorder medications and why is it now being removed?

A: MDHHS initially included prior authorization for certain medications to treat opioid use disorders because of their unique pharmacological properties and initial concerns that these medications could be misused. However, after an in-depth analysis of the prior authorization program and the existing literature, as well as the ongoing opioid crisis and lessons learned in other states, MDHHS believes that prior authorization creates substantially more barriers to accessing care for opioid use disorders than protections from misuse of substances.

In examining what other states have done, the removal of prior authorization has not been associated with significant increases in diversion, misuse, or mis-prescribing. Therefore, MDHHS has determined that it would be reasonable and safe to remove the prior authorization requirement for specific medications. As the opioid epidemic continues to devastate Michigan families, MDHHS believes that this change will allow individuals access to necessary medications and is committed to continuing to support best clinical practices.

2. Q: When will this take effect and what does this mean?

A: Starting on December 2, 2019, prescribers will no longer be required to receive prior authorization, or permission in advance, from the Michigan Medicaid program in order to prescribe most medications to treat opioid use disorders for Medicaid beneficiaries. This change only applies to those receiving their health care coverage through the Michigan Medicaid program. Private insurers may have different prior authorization requirements.

3. Q: Which medications will no longer have a prior authorization requirement?

A: After this change, a wide range of medications for opioid use disorder will not require prior authorization, including sublingual buprenorphine and naltrexone tablets.

Vivitrol® IM injection and naltrexone tablet coverage never required prior authorization. To streamline coverage of opioid use disorder treatments, effective 5/3/2019, an initial 14-day

supply of preferred products on the Michigan Preferred Drug List (PDL) was allowed without prior authorization while coverage was also modified to allow continued product coverage should there be a change in prescriber and no longer require a new prescriber specific prior authorization.

To eliminate additional barriers to opioid use disorder treatment drugs on the PDL, the clinical prior authorization will be fully removed effective 12/2/2019 from additional preferred products including buprenorphine sublingual tablets, buprenorphine/naloxone sublingual tablets, Sublocade® subcutaneous injection, Suboxone® sublingual films, and Zubsolv® sublingual tablets. The PDL provides the Michigan Medicaid program important cost reductions, and thus as fiscal stewards of federal and state dollars associated with Medicaid administration along with the variety of medications and formulations identified as preferred, MDHHS believes removal of prior authorization from additional preferred medications will greatly widen access to medications used for Opioid Use Disorder overall.

Bunavail® sublingual films and buprenorphine/naloxone sublingual films are the PDL non-preferred products and will still require prior authorization. Prescribers of these non-preferred products will need to provide information supporting why a preferred product cannot be used or why the non-preferred product is medically necessary.

Note that the prior authorization removal will only apply when medications are prescribed within prescribing guidelines of the manufacturer. Prescriptions beyond FDA approved dosage ranges will still require prior authorization.

This initiative will not impact methadone coverage for opioid use disorder provided through a Prepaid Inpatient Health Plan (PIHP).

4. Q: I'm a prescriber, will any review be done of my prescribing?

A: This change will not affect the routine monitoring MDHHS conducts to ensure medications are prescribed appropriately and publicly funded programs such as Medicaid are fiscally responsible to taxpayers.

In addition to routine practices, MDHHS will complete supplemental drug utilization reviews of medications to assess the effects of this change, inform any adjustments needed to the Department's practices, and maximize and inform best practices in prescribing.

5. Q: Will there be any changes to LARA's monitoring?

A: No, LARA will not be changing their monitoring as a result of the removal of prior authorization.

6. Q: What paperwork, approvals, or authorizations are needed to prescribe medications for opioid use disorders?

A: Prescribers will need to continue to ensure they maintain the required Federal DEA licensing and follow applicable statutes and administrative rules established by the Michigan Department of Licensing and Regulatory Affairs (LARA), such as reviewing the Michigan Automated Prescription System (MAPS) prior to prescribing certain medications. More information can be found here: <https://www.michigan.gov/opioids/0,9238,7-377-88141---,00.html>. Also, prescriptions for the PDL medications to treat opioid use disorders that are written beyond the FDA approved dosage ranges will still require prior authorization.

Additionally, prescribers will need to provide opioid education to patients using the state's Start Talking Form or similar forums when prescribing these medications. More information can be found here: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584---,00.html.

7. Q: Will the removal of prior authorization increase the risk of drug diversion?

A: Prior authorization has been removed in 21 states with no data indicating an increased rate of drug diversion. It remains important for prescribers to appropriately prescribe controlled substances, use active treatment methods to engage patients, and help ensure the medications are prescribed through person centered approaches with medically sound monitoring (such as urine drug screens and medication counts as indicated).

8. Q: What supports are available for prescribers who are interested in providing the full array of treatment for people with opioid use disorders?

A: Prescribers can find a variety of online resources at:

Michigan Department of Health and Human Services Opioid Resources:
https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584_79597_79602-409921--,00.html

MDHHS supports free, same-day consultation services for prescribers offering medication-assisted treatment:
<https://medicine.umich.edu/dept/psychiatry/programs/michigan-opioid-collaborative-moc>

Additional free training regarding prescribing can be available at Michigan CARES:
<https://micares.msu.edu/>

SAMHSA's Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT): <https://pcssnow.org/>

SAMHSA Treatment Improvement Protocol 63: Medications for Opioid Use Disorder
https://store.samhsa.gov/system/files/tip63_fulldoc_052919_508.pdf

American Society of Addiction Medicine National Practice Guideline:
<https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>

Centers for Disease Control and Prevention: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States:
<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

The National Academies of Sciences, Engineering and Medicine: Medications for Opioid Use Disorder Saves Lives: <http://www.nationalacademies.org/hmd/Reports/2019/medications-for-opioid-use-disorder-save-lives.aspx>.

National Commission on Correctional Health Care: Substance Use Disorder Treatment for Adults and Adolescents pertaining to individuals in custody: <https://www.ncchc.org/substance-use-disorder-treatment-for-adults-and-adolescents>

National Sheriff's Association: Jail-Based Medication-Assisted Treatment:
<https://www.sheriffs.org/sites/default/files/Jail-Based-MAT-PPG.pdf>