

State Medicaid Programs Should Follow the “Medicare Model”

*Remove Prior Authorization Requirements
for Buprenorphine and Other Medications
to Treat Opioid Use Disorders*

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Background

Timely access to medications approved by the Food and Drug Administration for the treatment of opioid use disorders is essential to save lives and effectively respond to our nation's staggering opioid epidemic. Treatment that includes buprenorphine or methadone reduces mortality among individuals with opioid use disorders (OUD) by up to 50% and is associated with reduced rates of other opioid use, HIV diagnosis and hepatitis C virus infection.ⁱ Tragically, in 2018, less than 35% of adults with OUD received treatment for their disease,ⁱⁱ and experts agree that FDA-approved medications are "severely underused" in the health care sector.ⁱⁱⁱ

The Medicaid program – which provides health coverage for an estimated 4 out of 10 non-elderly adults with opioid use disorders^{iv} – plays a significant role in delivering effective OUD treatment and reducing barriers to FDA-approved medications. Some state Medicaid programs have taken important steps to expand access to medications for OUD care,^v but gaps remain in the coverage of medications in many Medicaid programs.^{vi} Utilization management practices, including prior authorization requirements, formulary restrictions and dose limitations, are common in most Medicaid programs and pose barriers to immediate entry into the most effective treatment for OUD.

The Medicare program – a standard-setting reference for Medicaid and private insurance – has eliminated prior authorization requirements for at least one formulation of the most widely used OUD medication: buprenorphine-naloxone. New research from RTI International reveals a dramatic reduction in the use of prior authorization for buprenorphine-based medications in Medicare following guidance from the FDA and the Centers for Medicare and Medicaid Services (CMS) to reduce restrictions on access to these medications. Between 2017 and 2019, the use of prior authorization for generic buprenorphine-naloxone medications dropped from 96% to 0% and, for brand buprenorphine-naloxone medications, from 88% to 3% (for at least one formulation).^{vii} A smaller, yet notable, reduction in the use of prior authorization for generic buprenorphine monotherapy also occurred: a drop from 87% to 58% of plans. In contrast, as of July 2019, the majority of Medicaid programs require prior authorization for the very same medications: 40 Medicaid programs require prior authorization for some or all buprenorphine-naloxone medications and 35 require authorization for buprenorphine.

State Medicaid programs must follow the Medicare Model to expand patient access to life-saving buprenorphine medications. To spur action, CMS should issue similar guidance to State Medicaid Directors directing the removal of prior authorization requirements for buprenorphine medications and calling for expanded coverage of all FDA-approved formulations for OUD treatment. State Medicaid Directors should adopt standards like those in California, Colorado^{viii}, the District of Columbia, Illinois, and New Jersey and cover all formulations of buprenorphine with no prior authorization requirements.

Medicare Model of Prior Authorization for Buprenorphine Medications

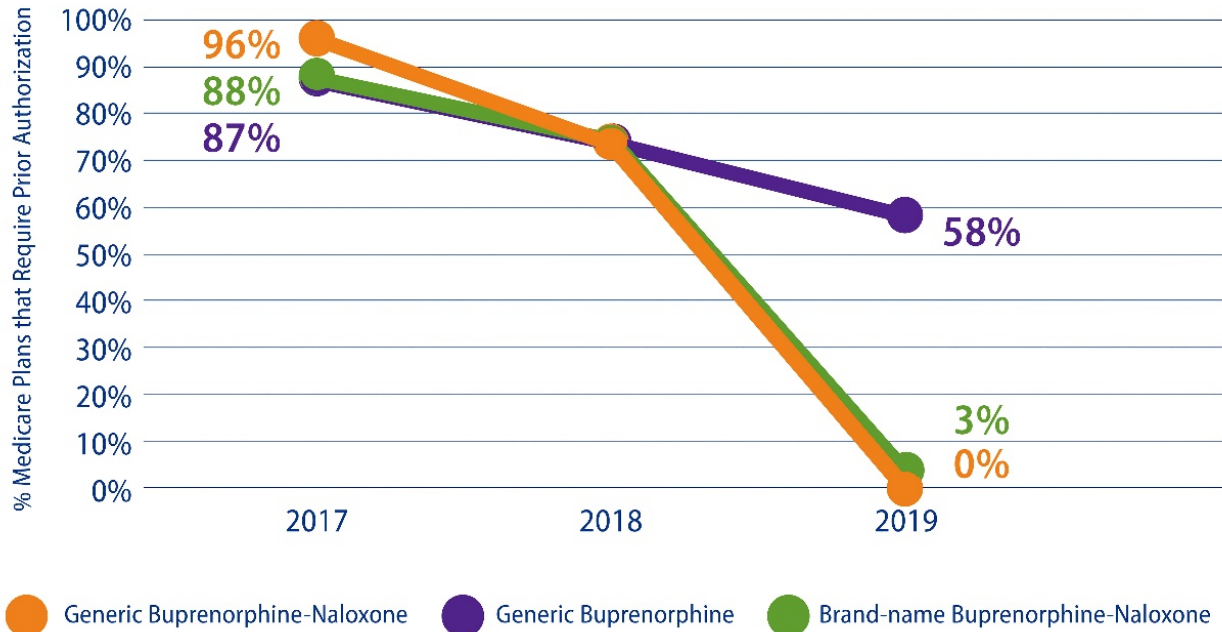
In April 2018, CMS issued guidance to all Medicare Part D and Medicare Advantage Plans directing plan sponsors to limit utilization management of buprenorphine medications for OUD treatment.^{ix} CMS informed plans that it would not approve benefit designs that discourage enrollment by beneficiaries who need medication to treat an OUD. Citing a September 2017 FDA Safety Announcement that strengthened labeling requirements for buprenorphine medications and emphasized that patients may be treated indefinitely with these medications,^x CMS announced that it would not approve prior authorization criteria for buprenorphine medications that requires a beneficiary to obtain approval more frequently than once per plan year. It also instructed plans to apply an authorization obtained in a prior plan year to future plan years.^{xi}

In response to CMS's guidance, virtually all Medicare plans that covered buprenorphine medications *removed* prior authorization requirements for brand and generic buprenorphine-naloxone medications (95% and 99%, respectively) for 2019 coverage and nearly two-thirds (62%) of the plans removed the requirement for generic buprenorphine.^{xii}

When weighted by plan enrollment, virtually all plans provided beneficiaries access to at least one brand formulation and to generic buprenorphine-naloxone (tablet formulation) without prior authorization (97% and 100%, respectively). More than one-half of the plans (58%) offered coverage of buprenorphine without authorization.

A comparison of authorization requirements in Medicare plans from 2017 to 2019 demonstrates the steep decline following the FDA and CMS guidance.

Medicare Plans Requiring Prior Authorization for Buprenorphine Medications



Source: Tami Mark, RTI International

As Medicare plans removed prior authorization requirements, they continued to cover these medications at consistently high levels: 99% of plans covered brand buprenorphine-naloxone for all three years, and the proportion covering generic buprenorphine-naloxone increased from 55% in 2017 and 2018 to 63% in 2019. The proportion of plans covering generic buprenorphine increased from 96% to 100% plans over the three years.^{xiii}

Plan response to the CMS guidance has significant implications for the Medicaid program in which most states continue to require patients to get authorization prior to accessing buprenorphine medications.

State Medicaid Program Coverage of Buprenorphine-Based Medications

Nearly all state Medicaid programs cover at least one form of the four buprenorphine-based medications for OUD treatment:

- Buprenorphine (Subutex, generic tablets and Belbuca buccal film)
- Buprenorphine-naloxone (Suboxone, Zubsolv tablets, Bunavail film, and generic tablets and film)
- Extended-release buprenorphine injection (Sublocade)
- Implantable buprenorphine (Probuphine)

The Substance Abuse and Mental Health Services Administration (SAMHSA) has conducted an extensive review of state Medicaid program coverage and utilization management practices for buprenorphine-based and other medications, examining data from 2016-17. With increased attention to the adverse impact of utilization management requirements on OUD medication access, some states have expanded coverage of buprenorphine medications and removed prior authorization requirements since then. The Legal Action Center has reexamined State Medicaid program coverage and prior authorization standards for buprenorphine medications to assess current Medicaid practices.

The study reviewed each Medicaid program's fee-for-service preferred drug list (PDL) in effect on July 1, 2019 for coverage of each buprenorphine medication. The PDL is a singular guide of state policy, although Medicaid managed care organizations (MCOs) may adopt different formulary coverage and authorization requirements. In states without a PDL, the study selected one Medicaid MCO formulary. The study also examined a state's Medicaid formulary to verify coverage of extended-release injection and implantable buprenorphine if those medications were not listed on the PDL. The study examined all available documents for prior authorization requirements. (*See Table 1: State Medicaid Preferred Drug List and Authorization Policies*).

The study designates a program as requiring prior authorization if all listed medications on the PDL are subject to prior authorization; as "mixed" if prior authorization is required for some, but not all, buprenorphine products; and as not requiring prior authorization if all medications on the PDL are exempt from the requirement. *See Appendix 2 (Table 2: Medicaid Coverage of Buprenorphine Medications and Prior Authorization Requirements by State)*. The study separates out state programs with a mixed prior authorization scheme because patients respond to buprenorphine-naloxone medications differently and an authorization requirement can limit access to the most appropriate medication. The analysis also identifies coverage limitations for different forms of buprenorphine monotherapy and buprenorphine-naloxone medications (both generic and brand), also in recognition that a patient may need access to a different formulation or product. Finally, the study identifies states that have enacted legislation that will alter prior authorization standards after July 1, 2019.

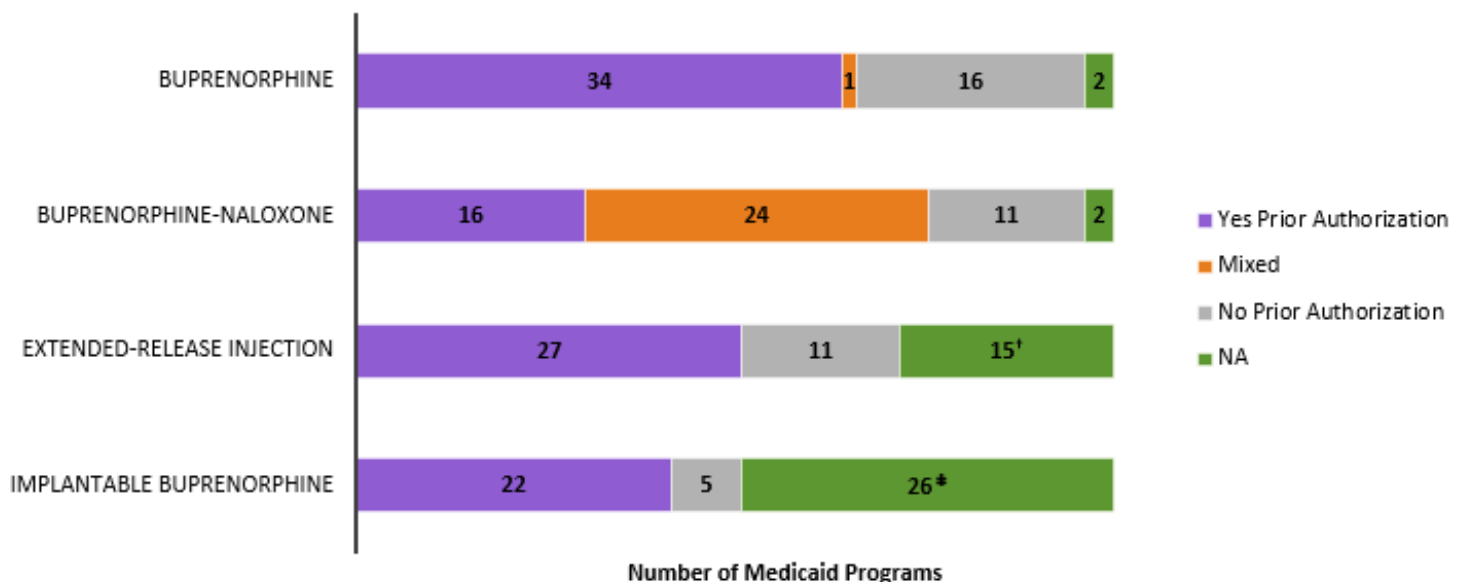
The study results (Table 2) demonstrate that **Medicaid programs vary significantly in their coverage** of FDA-approved buprenorphine medications:

- Two (2) Medicaid programs do not cover buprenorphine on their PDLs, and two (2) do not cover buprenorphine-naloxone.^{xiv}
- Thirteen (13) Medicaid programs do not cover extended-release injection buprenorphine on the PDL or state formulary.^{xv}
- Twenty-one (21) Medicaid programs do not cover implantable buprenorphine on the PDL or state formulary.^{xvi}

Similarly, **Medicaid programs vary dramatically in the application of prior authorization requirements** – with wide variations based on the formulation (i.e. film or tablet) and generic or brand medications (See Appendix 2).

- Buprenorphine: thirty-five (35)^{xvii} of the fifty-one (51) programs (68%) that cover buprenorphine require prior authorization for all or some medications.
- Buprenorphine-naloxone: forty (40)^{xviii} of the fifty-one (51) programs (78%) that cover buprenorphine-naloxone require prior authorization for all or some medications.
- Extended-release buprenorphine injection: twenty-seven (27)^{xix} of the forty (40) programs (68%) that cover Sublocade require prior authorization.
- Implantable buprenorphine: twenty-two (22)^{xx} of the thirty-two (32) programs (69%) that cover Probuphine require prior authorization.

State Prior Authorization Requirements By Medication



[†] 2 Medicaid programs cover Sublocade but PA requirements are unknown, and 13 programs have no evidence of coverage.
[‡] 5 Medicaid programs cover Probuphine but PA requirements are unknown, and 21 programs have no evidence of coverage.

Four Medicaid programs – California, the District of Columbia^{xxi}, Illinois^{xxii} and New Jersey^{xxiii} – have removed prior authorization requirements for all formulations of the four FDA-approved buprenorphine medications with few, if any, coverage limitations. Additionally, Illinois law explicitly requires Medicaid to cover **all FDA-approved medications** to treat substance use disorders (SUD) and bars prior authorization requirements.^{xxiv} Effective January 1, 2020, Colorado’s Medicaid program will cover FDA-approved medications for SUD without prior authorization.^{xxv}

Remove Prior Authorization Requirements to Improve Access to Buprenorphine Medications

The wide-scale removal of authorization requirements for buprenorphine medications by Medicare calls in to question the continued use of prior authorization by Medicaid programs. Prior authorization is commonly imposed to ensure appropriate and cost-effective use of medications, and some programs may perceive this requirement as a way to prevent the misuse of buprenorphine medications. Yet, as the FDA and CMS recognize, prior authorization requirements can limit access to life-saving care and create unnecessary administrative burdens for patients and practitioners.

The impact on patients is significant. Addiction treatment experts note that “ninety-nine percent of the time prior authorization requests are approved, so the delay is a senseless bureaucratic hurdle that can be the difference between continued recovery and relapse for vulnerable patient populations.”^{xxvi} Authorization requirements for buprenorphine have been associated with significantly lower odds of an addiction treatment program offering the medication.^{xxvii} Research has also demonstrated that prior authorization requirements for psychiatric medications reduce the use of medications and leads to worse patient outcomes.^{xxviii}

State Medicaid programs must take immediate steps to reduce unnecessary barriers to medication-based treatment by covering and removing authorization requirements for all buprenorphine medications and other FDA-approved medications.

Current education and prescribing requirements for buprenorphine build in sufficient clinical protections to eliminate Medicaid administrative controls. Patients with OUD should also have access to the full range of buprenorphine medications and other medications to address individual therapeutic needs.^{xxix}

Two avenues of action should be pursued.

Recommendation 1: CMS Guidance to State Medicaid Directors

CMS should inform State Medicaid Directors of the Medicare Model and the actions it has taken to reduce the use of prior authorization for buprenorphine in the Medicare program. Translating its Medicare policy to the Medicaid program, CMS should also inform states that:

- It supports the limited use of prior authorization requirements for buprenorphine and other medications to treat substance use disorders and the coverage of all FDA-approved medications for the treatment of substance use disorders in state Medicaid programs.
- It will approve state plan amendments and waiver requests *only if* prior authorization requirements have been removed for buprenorphine and other medications on the State’s PDL or justification is provided for the application of authorization for specific medications.
- State MCO contracts must include provisions that remove prior authorization from MCO formularies consistent with the state’s PDL.

Recommendation 2: State Adoption of “No Prior Authorization” Policies

States need not wait for CMS guidance to adopt the Medicare Model: they should enact legislation or adopt Medicaid policies that remove prior authorization for buprenorphine and other medications for SUD treatment. Illinois provides model legislation that requires the coverage of all FDA-approved medications for the treatment of substance use disorders and the removal of prior authorization for all medications. Colorado has enacted legislation that requires the removal of prior authorization for all covered substance use disorder medications, and New Jersey has done the same through its State Medicaid policies. State Medicaid programs should:

- Follow the Medicare Model for authorization of buprenorphine and buprenorphine-naloxone and include all FDA-approved buprenorphine medications on the State’s PDL without prior authorization requirements.
- Require MCOs to adopt the State’s PDL standards for substance use disorder medications for its formulary.
- Expand coverage and remove prior authorization for all FDA-approved medications for the treatment of substance use disorders.

Conclusion

Effective treatment for substance use disorders requires access to all FDA-approved medications without prior authorization requirements. In response to federal guidance, the Medicare program significantly reduced the use of prior authorization for buprenorphine medications. CMS must work with state Medicaid programs to improve access to these very same medications through the removal of authorization requirements and expanded coverage of all FDA-approved substance use disorder medications.

The Legal Action Center gratefully acknowledges the Laura and John Arnold Foundation, managed by Arnold Ventures, whose support made this work possible.

Table 1: State Medicaid Preferred Drug List and Authorization Policies (July 1, 2019)

State	Effective Date	Document Name	Link
Alabama	Effective 7/1/19	Alabama Medicaid Preferred Drug List	Link
Alaska	Effective 06/10/19	Alaska Preferred Drug List	Link
	Updated 4/10/19	Alaska Medicaid Interim Prior Authorization List	Link
Arizona	Effective 10/1/2018	Arizona Health Care Cost Containment System (AHCCCS) Long Term Care Drug List	Link
Arkansas	Effective 3/6/19	Arkansas Medicaid Preferred Drug List	Link
		Arkansas Act 964	Link
California	Effective 6/1/2019	Medicaid-Approved Drug List	Link
Colorado	Effective 7/1/19	Appendix P: Prior Authorization Procedures and Criteria and Quantity Limits	Link
	Effective 1/1/20	House Bill 19-1269	Link
Connecticut	Effective 7/1/19	Medicaid Preferred Drug List:	Link
	Accessed 6/24/19	Connecticut Drug Search	Link
Delaware	Effective 4/16/19	Delaware Medicaid Preferred Drug List (PDL)	Link
	Accessed 6/24/19	Delaware Medicaid Drug Look-up	Link
DC	Effective 4/1/19	District of Columbia Preferred Drug List	Link
Florida	Effective 5/14/19	Florida Preferred Drug List	Link
Georgia	Effective 7/1/19	Georgia Preferred Drug List	Link
	Effective 6/19/19	Prior Authorization Drug Criteria Cross Reference	Link

Hawaii	Effective 6/1/19	Managed Medicaid Formulary	Link
	Accessed 6/14/19	Hawaii Fee-For-Services Formulary Search	Link
Idaho	Effective 7/1/19	Idaho Preferred Drug List	Link
Illinois	Effective 4/1/19	Illinois Preferred Drug List	Link
Indiana	Effective 4/1/19	Indiana Preferred Drug List	Link
	Effective: 06/01/19	Outpatient Fee Schedule	Link
Iowa	Effective 6/1/19	Iowa Preferred Drug List	Link
	Effective 4/15/19	INFORMATIONAL LETTER NO. 2000-MC-FFS	Link
Kansas	Effective 6/1/19	Kansas Preferred Drug List	Link
	Updated 3/8/19	Clinical Prior Authorization Table of Contents	Link
	Effective 10/12/16	Probuphine Prior Authorization Form	Link
	Effective 1/1/19	Subutex Prior Authorization Form	Link
Kentucky	Effective 6/3/19	Kentucky Preferred Drug List	Link
Louisiana	Effective 7/1/19	Louisiana Preferred Drug List	Link
Maine	Effective 5/24/19	Maine Preferred Drug List	Link
Maryland	Updated 7/1/19	Maryland Preferred Drug List	Link
	Accessed 6/20/19	Maryland Medicaid Pharmacy Program fee-for-service (FFS) covered medication list	Link
Massachusetts	Accessed 6/5/19	Mass Health Drug List	Link
Michigan	Effective 7/1/19	Medicaid Health Plan Common Formulary	Link
	Effective 4/1/19	Medicaid Formulary	Link
	Effective 3/29/18	MDHHS Health Plan Pharmacy Programs Carve-Out	Link
Minnesota	Effective 7/1/19	Minnesota Fee-for-Service and Managed Care Medicaid Uniform Preferred Drug List	Link

Mississippi	Updated 7/1/19	Mississippi Preferred Drug List	Link
Missouri	Updated 4/4/19	Missouri Preferred Drug List	Link
Montana	Updated 8/2/18	Montana Preferred Drug List	Link
	Effective 1/16/19	Prior Authorization Criteria for Sublocade	Link
	Effective 1/1/18	Montana Healthcare Programs Fee Schedule	Link
Nebraska	Effective: 5/1/19	Nebraska Preferred Drug List	Link
	Accessed 06/17/19	Magellan Medicaid Nebraska Drug Lookup	Link
Nevada	7/1/19	Nevada Preferred Drug List	Link
	Accessed 6/17/19	Nevada Medicaid Fee Schedule	Link
New Hampshire	Effective: 6/21/19	New Hampshire FFS Preferred Drug List	Link
	Accessed 6/18/19	New Hampshire Drug Coverage Lookup	Link
New Jersey	5/1/19	Medicaid-Approved Preferred Drug List	Link
New Mexico	7/1/18	Drug List	Link
New York	6/21/19	New York Preferred Drug List	Link
	6/20/2019	List of Medicaid Reimbursable Drugs	Link
North Carolina	7/1/19	Preferred Drug List	Link
	6/7/19	Physician Fee Schedule	Link
North Dakota	Effective 5/1/19	Preferred Drug List	Link
Ohio	7/1/19	Fee-for-Service Preferred Drug List	Link
	Accessed 06/12/19	Ohio Drug Search	Link
Oklahoma	Accessed 6/5/19	Central Nervous System/Behavioral Health	Link

Oregon	Effective 7/1/19	Oregon FFS Preferred Drug List	Link
	Updated 3/1/19	Buprenorphine and Buprenorphine/Naloxone Prior Authorization Form	Link
Pennsylvania	Effective 1/28/19	Preferred Drug List	Link
Puerto Rico	Revised 4/18/18	Select Drug List	Link
Rhode Island	Accessed 5/28/19	Preferred Drug List	Link
South Carolina	2/15/2019	Preferred Drug List	Link
	Accessed 6/24/19	South Carolina Medicaid Drug Lookup (Magellan)	Link
South Dakota	Accessed 6/5/19	Prior Authorization Drug List	Link
		Bunavail, buprenorphine sublingual (SL) tablet, buprenorphine-naloxone SL tablet, Suboxone, Zubsolv Prior Authorization Request Form	Link
Tennessee	Effective: 7/1/19	Preferred Drug List	Link
Texas	Effective: 01/31/19	Preferred Drug List	Link
	Updated 5/1/19	Clinical Prior Authorization Assistance Chart	Link
	Accessed 06/17/19	Formulary Search	Link
U.S. Virgin Islands		No data	
Utah	Effective 07/01/19	Preferred Drug List	Link
	Accessed 6/20/19	Coverage and Reimbursement Code Lookup	Link
Vermont	Effective 5/31/19	Vermont Preferred Drug List and Drugs Requiring Prior Authorization	Link
Virginia	Effective 01/01/19	Preferred Drug List	Link
	Accessed 06/24/19	Virginia Medicaid Drug Lookup	Link

Washington	7/1/19	Preferred Drug List	Link
West Virginia	Effective 7/1/19	Preferred Drug List	Link
	Updated 4/8/19	Medications Approved to Bill HCPCS J3490	Link
Wisconsin	Effective 7/1/19	Preferred Drug List	Link
	Accessed 6/24/19	Drug Search	Link
Wyoming	Effective: 04/25/19	Preferred Drug List	Link
		Prior Authorization Request Form: Oral Buprenorphine/Naloxone or oral buprenorphine	Link

Table 2: Medicaid Coverage of Buprenorphine Medications and Prior Authorization Requirements By State (July 1, 2019)*

State	Buprenorphine	Buprenorphine-Naloxone	Extended-Release Injection	Implantable Buprenorphine	Notes
Alabama	Yes ¹	Yes ²	Yes	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone, Zubsolv, and generic film covered on PDL
Alaska	Yes ¹	Yes ²	NA	Yes	<ol style="list-style-type: none"> 1. Subutex covered on PDL 2. Suboxone film and tablet, Bunavail, and Zubsolv covered on PDL
Arizona	Yes ¹	No ²	NA	NA	<ol style="list-style-type: none"> 1. Various forms of buprenorphine require PA 2. Suboxone film covered on PDL
Arkansas	Yes ¹	Yes ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film, Bunavail, Zubsolv, generic tablet and film covered on PDL
California	No ¹	No ²	No	No	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film, Zubsolv, generic film and tablet covered on PDL

Colorado³	Yes ¹	Yes ²	Yes	NA	<ol style="list-style-type: none"> 1. Subutex covered on PDL 2. Suboxone film, Bunavail and Zubsolv covered on PDL 3. Removal of PA for all covered medications effective Jan. 1, 2020
Connecticut	No ¹	No ²	C-NA	C-NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone covered on PDL
Delaware	No ¹	Mixed ²	No	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Generic tablet and one film no PA. Other generic film, Bunavail, and Zubsolv covered on PDL with PA.
District of Columbia	No ¹	No ²	No	No	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film, Bunavail, Zubsolv and generic covered on PDL
Florida	Yes ¹	Yes ²	Yes	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film and Zubsolv are covered on PDL
Georgia	No ¹	Mixed ²	NA	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL. 2. Suboxone no PA. Generic tablet, Bunavail and Zubsolv covered on PDL with PA.
Hawaii	No ¹	No ²	NA	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Generic tablet and film, Zubsolv covered on PDL

Idaho	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film and generic tablet no PA. Generic film, Bunavail and Zubsolv covered on PDL with PA
Illinois	Mixed ¹	No ²	No	No	<ol style="list-style-type: none"> 1. Generic tablet no PA. Belbuca covered on PDL with PA. 2. Suboxone, Bunavail, Zubsolv and generic covered on PDL
Indiana	Yes ¹	Yes ²	Yes	C-NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone, Bunavail, Zubsolv and generic film and tablet covered on PDL
Iowa	Yes ¹	Yes ²	No	No	<ol style="list-style-type: none"> 1. Generic covered on PDL; PA requirement does not apply to medication if provided on a medical site but PA does apply as a pharmacy benefit. 2. Suboxone, Bunavail, Zubsolv, generic tablet covered on PDL; PA requirement does not apply to medication if provided on a medical site but PA does apply as a pharmacy benefit.
Kansas	Yes ¹	NA	NA	Yes	<ol style="list-style-type: none"> 1. Subutex/buprenorphine covered on PDL

Kentucky³	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Bunavail, Zubsolv, and generic covered on PDL with PA. 3. Results for Magellan MCO; other MCOs may differ.
Louisiana	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Bunavail, Zubsolv and generic tablet and film covered on PDL with PA.
Maine	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Bunavail and Zubsolv covered on PDL with PA.
Maryland	No ¹	Mixed ²	Yes	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL. 2. Suboxone film, Bunavail and Zubsolv no PA. Generic tablet and film covered on PDL with PA.
Massachusetts	Yes ¹	Yes ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film, Bunavail, Zubsolv, and generic tablet and film covered on PDL
Michigan	No ¹	No ²	C-NA	C-NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film, Bunavail, Zubsolv, and generic covered on PDL

Minnesota	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film and generic tablet no PA. Bunavail, Zubsolv, and generic film covered on PDL with PA
Mississippi	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Bunavail, Zubsolv and generic film and tablet covered on PDL with PA
Missouri	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film and generic tablet no PA. Zubsolv, Bunavail and generic film covered on PDL with PA.
Montana	Yes ^{1, 2}	Yes ^{1, 3}	Yes ¹	C-NA	<ol style="list-style-type: none"> 1. Clinical Criteria (not defined) required for all buprenorphine and buprenorphine-naloxone products. 2. Generic covered on PDL 3. Suboxone film, Bunavail, Zubsolv, and generic tablet covered on PDL
Nebraska	Yes ¹	Mixed ²	NA	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Bunavail, Zubsolv and generic on PDL with PA
Nevada	NA	Yes ¹	Yes	NA	<ol style="list-style-type: none"> 1. Suboxone, Bunavail, Zubsolv and generic tablet and film covered on PDL

New Hampshire	No ¹	Mixed ²	No	NA	<ol style="list-style-type: none"> 1. Generic buprenorphine covered on PDL 2. Suboxone and generic no PA. Bunavail and Zubsolv on PDL with P
New Jersey	No ¹	No ²	No	No	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Generic tablet and film no PA
New Mexico¹	No ²	No ³	NA	NA	<ol style="list-style-type: none"> 1. Results apply to Blue Cross/Blue Shield MCO; other MCOs may differ. 2. Generic covered on PDL 3. Suboxone film and generic tablet covered on PDL
New York	No ¹	Mixed ²	No	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Bunavail, Zubsolv, and generic tablet and film on PDL with PA.
North Carolina	Yes ¹	Mixed ²	No	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Zubsolv, Bunavail and generic tablet and film, on PDL with P
North Dakota	Yes ¹	Yes ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film, Bunavail, Zubsolv, generic film and tablet covered on PDL

Ohio	No ¹	No ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film, Bunavail, Zubsolv, and generic tablet covered on PDL
Oklahoma	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Subutex covered on PDL 2. Suboxone film and generic tablet no PA Bunavail, Zubsolv and generic film covered on PDL with PA.
Oregon	Yes ¹	Mixed ^{2,3}	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Generic film and tablet no PA. Zubsolv and Suboxone covered on PDL with PA 3. Inconsistent information on Zubsolv and Suboxone
Pennsylvania	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Bunavail, Zubsolv and generic tablet covered on PDL with PA
Puerto Rico	Yes ¹	Yes ²	NA	NA	<ol style="list-style-type: none"> 1. Subutex covered on PDL 2. Suboxone film and generic tablet covered on PDL
Rhode Island	No ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Bunavail, Zubsolv and generic tablet and film on the PDL with PA

South Carolina	No ¹	No ²	No	Yes	<ol style="list-style-type: none"> 1. Generic tablet covered on PDL 2. Suboxone film and generic tablet covered on PDL
South Dakota	Yes ¹	Yes ²	NA	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone, Bunavail, Zubsolv, and generic tablet covered on PDL
Tennessee	Yes ¹	Yes ²	NA	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone, Bunavail, Zubsolv, and generic tablet and film covered on PDL
Texas	No ¹	Yes ²⁻³	NA	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. MCO Clinical Authorization requirements for Buprenorphine Agents (Bunavail, Suboxone, Zubsolv and generic) 3. PDL – Mixed: Suboxone film, Bunavail and Zubsolv, on PDL with no PA. Generic covered on PDL with PA.
US Virgin Islands¹					<ol style="list-style-type: none"> 1. No data
Utah	Yes ¹	Yes ²	No	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone, Bunavail, Zubsolv, and generic buprenorphine covered on PDL

Vermont	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA (for certain dosages). Suboxone tablet, Bunavail and Zubsolv on PDL with PA
Virginia	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Zubsolv, Bunavail and generic tablet and film on the PDL with PA.
Washington	Yes ¹	Mixed ²	Yes	Yes	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film and generic tablet no PA., Bunavail, Zubsolv and generic film covered on PDL with PA
West Virginia	Yes ¹	Mixed ²	Yes	C-NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film no PA. Bunavail, Zubsolv and generic tablet covered on PDL with PA
Wisconsin	Yes ¹	Mixed ²	Yes	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL. 2. Suboxone film and Zubsolv no PA. Bunavail and generic film and tablet covered on PDL with PA
Wyoming	Yes ¹	Mixed ²	NA	NA	<ol style="list-style-type: none"> 1. Generic covered on PDL 2. Suboxone film and generic tablet no PA. Bunavail, Zubsolv, and generic film covered on PDL with PA.

Abbreviations: PDL, Preferred Drug List; PA, Prior Authorization

*Key

Yes – Prior authorization required for all forms of the medication listed on the preferred drug list.

No - No prior authorization for any form of the medication listed on the preferred drug list. Covered medications are identified.

Mixed – Prior authorization is required for some, but not all, forms of the medication on the preferred drug list. Covered medications are identified.

NA – No evidence of coverage by Medicaid was found after reviewing the preferred drug list, a list of prior authorization-required medications, and state’s drug search.

C-NA – evidence of coverage by Medicaid, but prior authorization requirement unknown.

In states with MCOs:

Data is based on the FFS PDL unless none is identified. In states with no FFS PDL, data taken from one MCO formulary identified in notes.

ⁱ National Academies of Sciences, Engineering, and Medicine, 2019. *Medications for Opioid Use Disorder Save Lives*. Washington, D.C: The National Academies Press at 39.

ⁱⁱ *Id.* at 110.

ⁱⁱⁱ *Id.* at ix.

^{iv} *Id.* at 123.

^v Leveraging Medicaid to Combat the Opioid Epidemic: How Leader States And Health Plans Deliver Evidence-Based Treatment,” HEALTH AFFAIRS Blog, June 24, 2019.

https://www.healthaffairs.org/doi/10.1377/hblog20190619.49397/full/?utm_campaign=HASU&utm_medium=email&utm_content=ACA+Litigation%3B+Maternal+Health+Crisis%3B+ACO+Serious+Illness+Care%3B+Veteran-Directed+Care&utm_source=Newsletter& (accessed June 24, 2109); and National Academies of Sciences, n.1 at 123 (“Medicaid expansion states were associated with a 70% increase in buprenorphine prescriptions covered by Medicaid and a 50% increase in buprenorphine spending.”)

^{vi} Substance Abuse and Mental Health Services Administration. *Medicaid Coverage of Medication-Assisted Treatment for Alcohol and Opioid Use Disorders and Medication for the Reversal of Opioid Overdose*. HHS Publication No. SMA-18-5093. Rockville, MD: Substance Abuse and Mental health Services Administration, 2018.

^{vii} Mark TL, Parish W, Zarkin GA, Association Between Medicare and FDA Policies and Prior Authorization Requirements for Buprenorphine Products in Medicare Part D Plans, *JAMA*. 2019. 322(2): 166-167. doi:10.1001/jama.2019.6581. <https://jamanetwork.com/journals/jama/article-abstract/2737670>.

^{viii} The removal of prior authorization requirements will be effective on January 1, 2020, pursuant to H.B. 19-1269.

^{ix} Centers for Medicare and Medicaid Services. Announcement of Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>. (Accessed July 2, 2019.)

^x FDA Safety Communication: FDA Urges Caution About Withholding Opioid Addiction Medications for Patients Taking Benzodiazepines or CNS Depressants: Careful Medication Management Can Reduce Risks (Sept. 20, 2017). <https://www.fda.gov/Drugs/DrugSafety/ucm575307.htm>.

^{xi} *Id.* at 253.

^{xii} Mark and Parish, Association Between Medicare and FDA Policies and Prior Authorization Requirements for Buprenorphine Products in Medicare Part D Plans, *JAMA*. 2019. 322(2): 166-167. The brand medications include Suboxone film, Bunavail film and Zubsolv tablets. The generic buprenorphine-naloxone medication includes the tablet formulation alone. The RTI study identified a plan as requiring prior authorization if all forms of buprenorphine-naloxone required authorization. It identified a plan as not having prior authorization if at least one formulation, film or tablet, did not require authorization. Medicare Part D Plans Have Removed Barriers to Opioid Use Disorder Medications. Press Release July 9, 2019. <http://www.globenewswire.com/news-release/2019/07/09/1880376/0/en/Medicare-Part-D-plans-have-removed-barriers-to-opioid-use-disorder-medications.html>.

^{xiii} *Id.* Table 1.

^{xiv} Nevada does not cover buprenorphine on its PDL, and Kansas does not cover buprenorphine-naloxone. No data are available for the U.S. Virgin Island's Medicaid program.

^{xv} AL, AZ, GA, HI, KS, NE, NM, PR, SD, TN, TX and WY do not cover extended-release injection buprenorphine on their PDL. No data are available for the U.S. Virgin Island's Medicaid program.

^{xvi} AL, AZ, CO, FL, GA, HI, MD, NE, NV, NH, NM, NY, NC, PR, SD, TN, TX, UT, WI, and WY do not cover buprenorphine implant. No data are available for the U.S. Virgin Island's Medicaid program.

^{xvii} AL, AK, AZ, AR, CO, FL, ID, IN, IA, KS, KY, LA, ME, MA, MN, MS, MO, MT, NE, NC, ND, OK, OR, PA, PR, SD, TN, UT, VT, VA, WA, WV, WI, and WY require prior authorization for buprenorphine. Illinois, which has removed authorization requirements for all buprenorphine formulations, also covers Belbuca on its PDL for OUD treatment and applies prior authorization to this formulation alone. Colorado will remove PA requirements for all buprenorphine medications approved by the FDA, effective Jan. 1, 2020, under H.B. 19-1269. Arkansas will require the removal of PA for at least one buprenorphine medication, effective January 1, 2020, under Ark. Act 964.

^{xviii} Sixteen (16) states require prior authorization for all buprenorphine-naloxone medications on their PDLs: AL, AK, AR, CO, FL, IN, IA, MA, MT, NV, ND, PR, SD, TN, TX, UT. Colorado will remove PA requirements for all buprenorphine medications approved by the FDA, effective Jan. 1, 2020, under H.B. 19-1269. Arkansas will require the removal of PA for at least one buprenorphine-naloxone medication, effective January 1, 2020, under Ark. Act 964.

Twenty-four (24) states require prior authorization for some buprenorphine-naloxone medications on their PDLs: DE, GA, ID, KY, LA, ME, MD, MN, MS, MO, NE, NH, NY, NC, OK, OR, PA, RI, VT, VA, WA, WV, WI, and WY.

^{xix} AL, AR, CO, FL, ID, IN, KY, LA, ME, MD, MA, MN, MS, MO, MT, NV, ND, OH, OK, OR, PA, RI, VT, VA, WA, WV, and WI require prior authorization for Sublocade. Colorado will remove PA requirements for all buprenorphine medications approved by the FDA, effective Jan. 1, 2020, under H.B. 19-1269. Connecticut and Michigan cover Sublocade, but the status of authorization requirements is unknown.

^{xx} AL, AR, DE, ID, KS, KY, LA, ME, MA, MN, MS, MO, ND, OH, OK, OR, PA, RI, SC, VT, VA and WA require authorization for Probuphine. Arkansas will require the coverage of Probuphine without prior authorization, effective January 1, 2020, under Ark. Act 964. Connecticut, Indiana, Michigan, Montana and West Virginia cover Probuphine, but the status of authorization requirements is unknown.

^{xxi} D.C. Code § 31-3175.05 (2019); District of Columbia DHCF Transmittal No. 19-14, Removal of Prior Authorization (PA) Requirements for Medication-Assisted Treatment (MAT) Drug Products (May 15, 2019), retrieved from <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/21555> (accessed July 1, 2019).

^{xxii} 305 IL COMP. STAT. ANN. 5/5-5 (2019).

^{xxiii} See New Jersey Medicaid Removes Prior Authorization Requirements for Opioid Addiction Treatment Medication (April 1, 2019), retrieved from <https://www.state.nj.us/humanservices/news/press/2019/approved/20190401.html> (accessed July 1, 2019)

^{xxiv} Notwithstanding state law, the Illinois Medicaid PDL covers Belbuca with prior authorization.

^{xxv} COLO. REV. STAT. § 25.5-5.422(2019); H.B. 19-1269.

^{xxvi} Dr. Yngvild Olsen, "Removing Prior Authorization for MAT Results in More Patient Care," <https://www.end-opioid-epidemic.org/physician-stories/removing-prior-authorization-for-mat-results-in-more-patient-care/>.

^{xxvii} Andrews CM, Abraham AJ, Grogan CM, Westlake MA, Pollack HA and Friedman PD. Impact of Medicaid Restrictions on Availability of Buprenorphine in Addiction Treatment Programs, *Am J Public Health*. March 2019;109: 434-436 at 435.

^{xxviii} Park Y, Raza S, George A, Agrawal R, Ko J. The Effect of Formulary Restrictions on Patient and Payer Outcomes: A Systemic Literature Review. *J Manag Care Spec Pharm*. 2017; 23(8): 893-901.

^{xxix} Kampman, K. and Jarvis, M., American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, *J Addict Med*. 2015; 9(5): 358-367.