MACPAC

Medication-Assisted Treatment Utilization Management Policies

Medicaid and CHIP Payment and Access Commission

John Wedeles

Background

- The SUPPORT for Patients and Communities Act (P.L. 115-271) requires MACPAC to conduct a study of state Medicaid utilization control policies for medication-assisted treatment (MAT) that may hinder or promote access to clinically appropriate treatment of substance use disorders (SUDs)
- Report is due on October 24, 2019
- MACPAC is not required to make any recommendations

Medication-Assisted Treatment

- MAT combines medication with counseling and behavioral therapies for individuals with substance use disorder (SUD)
- Patients seeking treatment may still encounter barriers to access:
  - Stigma around SUD and medications
  - Concern among providers related to misuse
  - Federal rules restricting prescribing to certain provider types
  - Utilization management laws and regulatory policies

Study Approach

1. Identify quantity limits and refill limits placed on MAT medications
2. Describe utilization control policies for ensuring access to medically necessary MAT treatment with additional analysis of policies in eight states: Arkansas, Illinois, Maine, Missouri, Tennessee, Utah, Washington State, and West Virginia
3. Determine whether MCO utilization management policies and procedures are consistent with federal regulations

Preliminary Findings

- Utilization management approaches vary by state and by medication
- Some states apply more restrictions than evidence-based practices indicate
  - Prior authorization for certain preferred MAT medications
- Others have reduced barriers that have limited access to MAT
  - Fewer states are imposing lifetime limits
  - Most of the eight states we reviewed allow patients to receive MAT medication without requiring supplemental behavioral health counseling

Utilization Management Approaches

- Prescription co-payments
- Prescription drug monitoring programs (PDMPs)
- Preferred drug lists (PDLs)
- Prior authorization
- Retrospective drug utilization review
- Limits for counseling services

Prescription Co-Payments

- MAT drugs do not appear to be exempt from co-payment requirements or subject to different co-payment amounts
  - Maine is an exception, using a separate structure for methadone for MAT in which co-payments are slightly lower compared to other prescription drugs
- In Illinois, beneficiaries covered under managed care are not subject to co-payments for any covered drugs
- Washington State waives co-payments for prescription drugs for beneficiaries in both FFS and managed care

Prescription Drug Monitoring Programs (PDMPs)

- Nearly all of the eight states we reviewed have access to their PDMP, but several reported challenges using these programs to effectively monitor prescribing patterns
- Maine, Washington State, and West Virginia require providers or prescribers to check the PDMP at the time of the initial prescription for MAT drugs or on an ongoing basis for patients receiving MAT

Preferred Drug Lists (PDLs)

- 49 states and the District of Columbia cover at least one form of MAT medication with preferred status
- All of the states we reviewed have at least two MAT medications with preferred status
  - Arkansas, Tennessee, and Utah assign preferred status to certain MAT medications, but still require prior authorization
  - Illinois has some of the least restrictive utilization control policies, granting all MAT medications preferred status with no prior authorization required

Prior Authorization

- Policies vary by state and by type of medication, but appear to be more restrictive for OUD drugs (particularly buprenorphine) compared to alcohol use disorder drugs
- Seven states require prior authorization for at least one form of MAT medication
  - Policies appear to be more restrictive for buprenorphine relative to other products
- Among the 42 states covering methadone treatment, three require prior authorization

Retrospective Drug Utilization Review

- Used in all eight states we reviewed to monitor drug use, prescribing, and dispensing practices
  - The extent to which these reviews are applied to MAT is unclear
- Washington State uses retrospective monitoring to examine whether expanding access to office-based MAT (specifically, intramuscular naltrexone) affects medication usage

Limits for Counseling Services

- Most states we reviewed do not require referrals, co-payments, or prior authorization for MAT counseling sessions
  - Illinois has no limit to outpatient visits under FFS, but prior authorization is required for more than 20 visits in managed care
  - In Arkansas, prior authorization is required for more than 12 visits, and referral from a primary care provider is required after three counseling visits
  - In Maine, SUD therapy is limited to three hours per week, for 30 weeks in a 40-week period

MCO Compliance with Federal Law

- MCOs may place appropriate limits on services for utilization control purposes, provided that the services can reasonably achieve their purpose and are sufficient in amount, duration, and scope
- Of the seven states with managed care arrangements, six have contract language that appears to acknowledge allowance for utilization control policies as noted in federal regulations

Looking Forward

- Final report will include further detail on national and state specific policies, and will be reviewed by technical experts
- Commissioners will receive for review a draft of the final report that incorporates the material presented in this memo, background information on MAT shared with you in January, and additional tables documenting utilization management policies

MACPAC

Medication-Assisted Treatment Utilization Management Policies

Medicaid and CHIP Payment and Access Commission

John Wedeles