Report to
The Vermont Legislature

Prior Authorization Processes for Medication-Assisted Treatment in Vermont's Medicaid Program

In Accordance with Act 43 of 2019

Submitted to: The House Committee on Health Care
The House Committee on Human Services
The Senate Committee on Health and Welfare

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VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

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BACKGROUND

Act 43 of 2019, An act relating to limiting prior authorization requirements for medication-assisted treatment, was signed by the Governor of Vermont on May 30, 2019.[1] In accordance with Section 4, Prior Authorization for Medication-Assisted Treatment – Medicaid Reports, the Department of Vermont Health Access is required to submit reports on or before February 1st of 2020, 2021, and 2022 regarding Vermont Medicaid's prior authorization processes for medication-assisted treatment.[2] Specifically, the Department is required to report on:

- the medications that required prior authorization;
- how many prior authorization requests the Department received and of these, how many were approved and denied; and
- the average and longest lengths of time the Department took to process a prior authorization request.

Medications Requiring Prior Authorization: Medication-Assisted Treatment

Medication-assisted treatment therapeutic classes include buprenorphine products, naltrexone products, and miscellaneous products for alcohol abstinence (Appendix I). Prior authorizations are not required for Suboxone film unless the dose is greater than 16mg for Spokes (office-based opioid treatment) or 24mg for Hubs (opioid treatment programs). Prior authorizations are required for buprenorphine sublingual tablets, buprenorphine and naloxone sublingual tablets, Sublocade, Zubsolv, buprenorphine/naloxone film (the generic for Suboxone film and is higher in net cost to Vermont Medicaid), Bunavail film and the Probuphine implant. For the naltrexone product therapeutic class, naltrexone tablets do not require a prior authorization but Vivitrol does require a prior authorization. Under the category of medications for alcohol abstinence, Antabuse (the brand name for disulfiram) does require a prior authorization; however, there are no prescription claims for this medication in calendar year 2019. Acamprosate and disulfiram (generic) do not require a prior authorization.

[1] https://legislature.vermont.gov/bill/status/2020/S.43

[2] https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT043/ACT043%20As%20Enacted.pdf

Number of Prior Authorization Requests (Total, Approved, and Denied)

The total number of prior authorization requests across all 3 therapeutic classes for medication-assisted treatment (buprenorphine products, naltrexone products, and miscellaneous products for alcohol abstinence) was 3,272, with 3,056 approved and 216 denied (Appendix I).

Average and Longest Lengths of Time for Processing Prior Authorization Requests

The average length of time to process prior authorization requests across all 3 therapeutic classes (buprenorphine products, naltrexone products, and miscellaneous products for alcohol abstinence) and for each medication within the therapeutic classes was less than 1 hour (Appendix I). The longest lengths of time for processing prior authorization requests did demonstrate variability by medication and therapeutic class, with 3 medications of the buprenorphine therapeutic drug class showing 10.72, 12.10, and 12.57 hours to process prior authorization requests.[3]

[3] Please note: The longest determination time detailed in Appendix I is for Suboxone film at 59.65 hours but this is not an accurate representation as this prior authorization was initially closed as a duplicate prior authorization request because the Medicaid member already had an approved prior authorization for Suboxone. When the provider submitted information that the dosage had been increased, the original prior authorization request was 'opened' and re-determined. The turnaround time for this prior authorization decision was 2.5 hours and the prior authorization was approved for the new dosage.

APPENDIX I: VERMONT MEDICAID, MEDICATION-ASSISTED TREATMENT PRIOR AUTHORIZATION DATA – CALENDAR YEAR 2019

THERAPEUTIC DRUG CLASS	# Rx Claims	Amount Paid (Gross)	PA Required	Number PAs Approved	Number PAs Denied	PA Approval Percent**	PA Denied Percent**	Average Determination Time (in Hours)**	Longest Determination Time (in Hours)
BUPRENORPHINE PRODUCTS									
SUBOXONE FILM (BRAND)	121,462	$ 16,512,937.20	N*	1,565	63	96.13%	3.87%	0.73	59.65
BUPRENORPHINE HCL SUBL TABLETS(MONO)	7,335	$ 198,970.39	Y	571	79	87.85%	12.15%	0.68	10.72
BUPRENORPHINE HCL/NALOXON SUBL TABLETS	7,700	$ 301,991.99	Y	574	38	93.79%	6.21%	0.67	12.57
SUBLOCADE SOSY	258	$ 410,954.60	Y	115	17	87.12%	12.88%	0.95	12.10
ZUBSOLV SUBL	174	$ 19,861.00	Y	17	5	77.27%	22.73%	0.58	2.00
BUPRENORPHINE/NALOXONE FILM	432	$ 6,754.25	Y	13	4	76.47%	23.53%	0.73	2.00
BUNAVAIL FILM	-	$ -	Y	0	1	0.00%	100.00%	0.42	0.42
PROBUPHINE IMPLANT KIT IMPL	-	$ -	Y	0	0	0.00%	0.00%	0.00	0.00
NALTREXONE PRODUCTS									
VIVITROL SUSR	685	$ 869,334.01	Y	200	9	95.69%	4.31%	0.70	7.22
NALTREXONE HCL TABS	1,843	$ 48,329.61	N	1	0	100.00%	0.00%	0.40	0.40
MISCELLANEOUS PRODUCTS FOR ALCOHOL ABSTINENCE									
ACAMPROSATE CALCIUM DR TBEC	426	$ 39,407.86	N	0	0	0.00%	0.00%	0.00	0.00
ANTABUSE TABS	-	$ -	Y	0	0	0.00%	0.00%	0.00	0.00
DISULFIRAM TABS	638	$ 26,483.26	N	0	0	0.00%	0.00%	0.00	0.00
TOTAL:	140,953	$ 18,435,024.17		3,056	216	93.40%	6.60%	0.72	59.65

*** Indicates that a PA is not required unless the dose is greater than 16MG for Spokes and 24MG for Hubs**
**** Indicates use of a weighted average for the Total**

Please note: The longest determination time detailed in the table above is for Suboxone film at 59.65 hours but this is not an accurate representation as this prior authorization was initially closed as a duplicate prior authorization request because the Medicaid member already had an approved prior authorization for Suboxone. When the provider submitted information that the dosage had been increased, the original prior authorization request was 'opened' and re-determined. The turnaround time for this prior authorization decision was 2.5 hours and the prior authorization was approved for the new dosage.