



S.43 DVHA Prior Authorizations for MAT Drugs

Nancy J. Hogue, Pharm.D.
Director of Pharmacy Services
Department of Vermont Health Access

DVHA's Drug Coverage Policies

- ▶ DVHA's Preferred Drug list (PDL), which includes MAT drugs, was developed pursuant to 33 V.S.A. § 1998, Pharmacy Best Practices and Cost Control Program
 - ▶ Allows the use of an evidence-based preferred list of covered prescription drugs
 - ▶ DVHA's Drug Utilization Review Board makes recommendations to DVHA based upon evidence-based considerations of clinical efficacy, adverse side effects, safety, appropriate clinical trials and cost-effectiveness.
 - ▶ The entire MAT class has been reviewed numerous times by the DUR Board, and all PA criteria have been reviewed and approved by the Board.
 - ▶ Board is composed of Vermont-based prescribers and pharmacists and currently includes four physicians, one nurse practitioner and five pharmacists.
- ▶ In addition, DVHA is compliant with 33 V.S.A. § 1999. Consumer protection rules; prior authorization, which protects consumers and providers from overly burdensome PA requirements and processes.

DVHA's MAT Drug Coverage Policies

- No PA required for:
 - Methadone used for SUD
 - Suboxone Film 24mg or less in the Hubs
 - Suboxone Film 16mg or less in the Spokes (88% of RXs)
- Removed quantity limits on Suboxone Film 2mg based on provider feedback, for ease of titration without needing another PA.
- Aligned Hub and Spoke MAT availability and criteria
- At least one dosage form of every drug marketed for MAT is available without a PA (methadone, buprenorphine, and naltrexone).
- Naloxone Rescue drugs available without PA except Evzio

DVHA's MAT Drug Coverage Policies

- DVHA requires a PA for its **non-preferred products** all of which have a **higher net cost** to DVHA and/or **not clinically superior** to preferred products (Buprenorphine Mono tablets, Buprenorphine/Naloxone tablets, Bunavail®, Zubsolv®, Sublocade®, and ProBuphine®)
- Buprenorphine Formulations
 - Oral Formulation: Buprenorphine “Mono” Formulations
 - Higher street value, higher risk of diversion
 - No longer recommended for pregnant or BF moms
 - Injectable: Sublocade®: monthly depot injection
 - 15 times the cost of oral formulations
 - Implant: ProBuphine®: four surgically inserted rods-6 month limit



Timely Access to MAT

- All PA requests for MAT are processed well within our 24-hour requirement, most within 4 hours.
- Emergency 72-hour overrides at the Pharmacy when a PA cannot be obtained in a timely manner
- Same day MAT (buprenorphine) access
 - Safe Recovery (Needle Exchange Program)
 - Emergency Room
(CVMC/UVMMC/Brattleboro/Ascutney and others)



Reducing Provider Burden

- DVHA has implemented solutions to help reduce provider burden
 - Implemented an “auto-PA” which automatically “looks back” through drug and diagnosis history to automatically process a PA. This substantially reduces the number of PAs
 - Launched a provider portal through which PAs are “pre-populated” and can be electronically submitted
 - Launched an e-prescribing solution that displays DVHA’s preferred products on the prescriber’s EMR and identifies preferred products prior to prescribing

Drug Spend Data-Pharmacy Benefit

Buprenorphine Products are DVHA's Number One by both Spend and Utilization

SFY2017 and 2018 data

Current Rank	Previous Rank	Drug Name	2017 Gross Paid	2018 Gross Paid	2017 Claim Count	2018 Claim Count	Total Amount Paid Change	Claim Count Change
1	1	Opioid Partial Agonist	\$12,038,870.18	\$14,060,281.05	115,966	125,547	16.79%	8.26%
2	5	Hepatitis Agents	\$10,163,836.97	\$11,938,034.43	528	872	17.46%	65.15%
3	2	Insulin	\$11,902,281.44	\$11,838,769.70	15,554	15,508	-0.53%	-0.30%
4	4	Amphetamines	\$11,211,854.03	\$11,646,725.94	53,916	55,248	3.88%	2.47%
5	3	Stimulants – Misc.	\$11,215,354.46	\$10,560,261.27	49,171	49,860	-5.84%	1.40%
6	6	Sympathomimetics	\$9,955,629.22	\$10,192,620.08	66,520	65,739	2.38%	-1.17%
7	8	Anti-TNF-Alpha-Monoclonal Antibodies	\$6,500,330.73	\$9,174,851.15	1,375	1,737	41.14%	26.33%
8	7	Anticonvulsants-Misc.	\$6,504,560.05	\$7,102,910.87	67,974	68,918	9.20%	1.39%
9	9	Antiretrovirals	\$4,881,763.74	\$5,140,765.56	2,580	2,627	5.31%	1.82%
10	10	Cystic Fibrosis	\$4,474,383.02	\$4,735,130.36	568	561	5.83%	-1.23%

MAT Drug Spend Data-Pharmacy Benefit

PHARMACY CLAIMS			
CY 2018 Utilization and Cost	All Buprenorphine Products	Vivitrol	Sublocade Depot Inj
Total Rxs	130,850	828	20
Total Amount Paid	\$ 15,123,077.54	\$ 1,050,364.75	\$ 31,880.60
Avg Monthly Unique Member Count	3,061	65	4
Avg Plan Cost/Rx	\$ 115.54	\$ 1,268.77	\$ 1,594.03

Of all Oral Buprenorphine Rxs, 88% are for Suboxone Film, 6% are for NP Bupe/Naloxone tabs, and 6% are Bupe Mono tabs.



In Summary

- DVHA has worked collaboratively with providers to minimize PA burden and remove barriers to treatment of SUD for our members.
- Cost-sharing for DVHA members is low
- DVHA has an obligation to provide members with the lowest-cost, medically necessary medication for a given disease/condition, as well as an obligation to taxpayers to carefully manage Medicaid drug costs.