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**Report to  
The Vermont Legislature**

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**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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Commissioner

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**Report Due Date:** February 1, 2021

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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.<sup>1</sup> 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 1<sup>st</sup> of 2020, 2021, and 2022 regarding Vermont Medicaid’s prior authorization processes for medication-assisted treatment.<sup>2,3</sup> 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, or for generic buprenorphine/naloxone combination tablets effective 8/21/20 (moved to preferred status), 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-only sublingual tablets, Sublocade, Zubsolv, buprenorphine/naloxone film (generic to Suboxone and higher in net cost to the State), 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, Acamprosate and disulfiram (generic for Antabuse) do not require a prior authorization. Antabuse (brand) does require a prior authorization; however, there are no prescription claims for this medication in calendar year 2020.

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<sup>1</sup> <https://legislature.vermont.gov/bill/status/2020/S.43>

<sup>2</sup> <https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT043/ACT043%20As%20Enacted.pdf>

<sup>3</sup> [https://legislature.vermont.gov/assets/Legislative-Reports/MAT-Prior-Authorization-Report-1-February-2020\\_DVHA\\_FINAL.pdf](https://legislature.vermont.gov/assets/Legislative-Reports/MAT-Prior-Authorization-Report-1-February-2020_DVHA_FINAL.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 or alcohol abstinence) was 2,672, with 2,441 approved and 231 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 18.55, 14.50, and 8.55 hours to process prior authorization requests. A common reason that can extend processing times is awaiting additional clinical information from the provider's office to support the request, or to clarify a clinical concern.

### **Medication-Assisted Treatment for Opioid Use Disorder: Changes in Response to the COVID-19 Public Health Emergency to Assure Access & Mitigate Risk for COVID-19 Exposure**

During the COVID-19 public health emergency, the day supply limit for Suboxone film and buprenorphine/naloxone tablets used to treat opioid use disorder was extended to a 30-day supply limit (from 14-days previously) to assure access to medication while decreasing the number of trips a Vermont Medicaid member would make to a pharmacy for refills during the Emergency. Providers monitored potential for misuse of Suboxone film and buprenorphine/naloxone tablets during the period of the public health emergency and indicated they are generally in favor of the 30-day supply limit continuing for some patients after the public health emergency ends. This recommendation was approved by the Drug Utilization Review Board at its September 2020 meeting. In addition to the extension for the day supply limit, the Department also extended existing, approved pharmacy prior authorizations for a period of 6-months (beginning in May and ending in December 2020) to minimize provider workload during the early days of the COVID-19 Public Health Emergency. <sup>4</sup>

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<sup>4</sup> The COVID-19 public health emergency extension of pharmacy prior authorizations was discontinued in January 2021.

## APPENDIX I: VERMONT MEDICAID, MEDICATION-ASSISTED TREATMENT PRIOR AUTHORIZATION DATA - CALENDAR YEAR 2020

### Pharmacy Claims and Prior Authorizations (1/1/2020 - 12/31/2020)

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 (HOURS)	LONGEST DETERMINATION TIME (HOURS)
<b>BUPRENORPHINE PRODUCTS</b>									
SUBOXONE FILM (BRAND)	118,605	\$19,800,274	N*	1,222	40	96.8%	3.2%	0.45	8.55
BUPRENORPHINE HCL/NALOXON SUBL TABLETS	12,220	\$424,590	N**	419	30	93.3%	6.7%	0.48	18.55
BUPRENORPHINE HCL SUBL TABLETS(MONO)	8,571	\$198,612	Y	512	119	81.1%	18.9%	0.55	14.50
SUBLOCADE SOSY	368	\$604,800	Y	122	20	85.9%	14.1%	0.48	8.05
ZUBSOLV SUBL	420	\$68,865	Y	44	10	81.5%	18.5%	0.45	2.03
BUPRENORPHINE/NALOXONE FILM	699	\$14,003	Y	16	9	64.0%	36.0%	0.68	4.90
BUNAVAIL FILM	0	\$0	Y	2	0	100.0%	0.0%	0.00	0.00
PROBUPHINE IMPLANT KIT IMPL	0	\$0	Y	0	0	0.0%	0.0%	0.00	0.00
<b>NALTREXONE PRODUCTS</b>									
NALTREXONE HCL TABS	2,010	\$50,868	N	0	0	0.0%	0.0%	0.00	0.00
VIVITROL SUSR	504	\$657,931	Y	104	3	97.2%	2.8%	0.45	4.15
<b>MISCELLANEOUS PRODUCTS USED FOR ALCOHOL ABSTINENCE</b>									
ACAMPROSATE CALCIUM DR TBEC	511	\$48,357	N	0	0	0.0%	0.0%	0.00	0.00
DISULFIRAM TABS	412	\$25,322	N	0	0	0.0%	0.0%	0.00	0.00
ANTABUSE TABS		\$0	Y	0	0	0.0%	0.0%	0.00	0.00
<b>Total:</b>	<b>144,320</b>	<b>\$21,893,622</b>		<b>2,441</b>	<b>231</b>	<b>91.3%</b>	<b>8.7%</b>	<b>0.48</b>	<b>18.55</b>

\* Indicates that a PA is not required unless the dose is greater than 16MG for Spokes or 24MG for Hubs

\* Effective 8/21/2020, PA not required unless the dose is greater than 16MG for Spokes or 24MG for Hubs