

Dear Rep. Whitman,

As requested, please find the Department's estimated fiscal impact of limiting prior authorizations for medication-assisted treatment in the Vermont Medicaid program consistent with the requirements of the "opioid response" 22-0621 committee bill As Recommended by the House Committee on Human Services last Friday. The Department of Vermont Health Access anticipates that the provisions within the House Committee on Human Services' committee bill could have an **estimated fiscal impact for the Vermont Medicaid program that ranges from approximately \$16.97 million (gross) - \$35 million (gross)** based on:

- o the loss of supplemental rebates (\$4.2 million gross);
- o prior authorizations that had previously been denied being newly approved (\$688,528 gross); and
- o increased utilization of non-preferred medications (for example, the very expensive medication, Sublocade, has minimal rebates; utilization could increase substantially without prior authorization requirements. If the percentage of Medicaid members using that medication increases from 2% to 10% under the policy provision requirements within 22-0621 As Recommended by the House Committee on Human Services, that alone would result in an estimated fiscal impact of more than \$12 million dollars [gross]). However, if the utilization of Sublocade was to increase from 2% to 25%, the estimated fiscal impact for just that change would increase to nearly \$30.2 million [gross]).

Thank you for requesting this information.

Nissa

--

Nissa L. (Walke) James, Ph.D. | DVHA
Health Care Director
Department of Vermont Health Access
Mobile: (802) 798-2705
Email: nissa.james@vermont.gov