



Virginia Department of Medical Assistance Services

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Department of Medical Assistance Services

Contact: Christina Nuckols

Email: Christina.nuckols@dmas.virginia.gov

Virginia Medicaid Agency Strengthens Access to Opioid Addiction Treatment

~ Prescriptions for new buprenorphine product no longer require prior authorization by Medicaid or its health plans ~

RICHMOND – The Virginia Department of Medical Assistance Services (DMAS) today announced a significant policy change that will increase access to lifesaving treatment for Medicaid members with opioid addiction.

Under the new policy, providers are no longer required to obtain prior authorization from DMAS or its Medicaid health plans before prescribing the newest and safest form of buprenorphine, a medication used to treat opioid use disorder.

“We continue to build on the incredible achievements of our nationally recognized Addiction and Recovery Treatment Services (ARTS) program with evidence-based policies and practices that will save lives by minimizing barriers to high-quality care,” said Dr. Jennifer S. Lee, DMAS Director. “The results are clear. We are generating positive outcomes for our members and our Commonwealth, and many more of our citizens will now have access to the best treatment available thanks to new eligibility rules under Medicaid expansion.”

More than 1,500 people died from drug overdoses statewide in 2017, according to the most recent data from the Virginia Department of Health. Virginia Commonwealth University researchers estimate as many as 60,000 uninsured Virginia adults with substance use disorder will gain access to treatment under Medicaid expansion, including 18,000 people with opioid use disorder.

The removal of the prior authorization requirement is limited to Suboxone films, a form of buprenorphine and naloxone that is applied to the tongue. Tablets and other forms of buprenorphine or combinations of buprenorphine and naloxone that are not part of the Medicaid Common Core Formulary preferred drugs list will continue to require a prior authorization from DMAS or its Medicaid health plans.

Prescribing providers must be credentialed and contracted within the network of DMAS or one or more of its health plans. Providers must also complete the appropriate training to meet federal requirements for prescribing buprenorphine.

The DMAS policy establishes maximum dosage guidelines for the Suboxone films based on data from the Food and Drug Administration. DMAS does not, however, set time limits for use of the medication or mandate a reduction in dosage based on an arbitrary schedule, allowing providers to make decisions based on each individual patient's progress.

DMAS also supports same day access and initiation of Medication Assisted Treatment (MAT) for opioid use disorder. DMAS requires providers participating in the ARTS program in all settings – intensive outpatient, partial hospitalization and residential -- to evaluate and ensure Medicaid members with opioid use disorder have access to lifesaving MAT.

A study published last year in the *Annals of Internal Medicine* found a 40 percent lower death rate after one year among individuals who were being treated with Suboxone after surviving a previous overdose compared to individuals with a history of overdose who were not receiving MAT.

“We have a responsibility to understand and to meet the needs of our members and the providers who treat them,” said Dr. Chethan Bachireddy, acting Chief Medical Officer for DMAS. “We are achieving that goal with effective, proactive strategies that are putting Virginia at the forefront in the fight against the opioid crisis.”

DMAS requires that all members receiving buprenorphine for opioid addiction also be prescribed naloxone, a medication to prevent deaths from an opioid overdose. When possible, family members and significant others should also be trained in the use of naloxone. DMAS and its Medicaid health plans cover naloxone at no cost to members. The Medicaid agency also covers testing and treatment for infectious diseases related to opioid addiction, including hepatitis C and HIV. Providers may prescribe preferred hepatitis C medications without a referral to a specialist.

The ARTS program, launched by DMAS in April 2017, has increased the number of Medicaid members with opioid addiction who are receiving treatment by 80 percent -- from 9,000 to nearly 16,400 over the first 15 months of the initiative.

Opioid prescriptions for Medicaid members declined by 28 percent over that same period. The number of emergency department visits by Medicaid members related to opioid use disorder declined from 7,300 in the 15 months prior to the start of ARTS to 6,100 in the 15 months after the program began.

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