

**Testimony of the Office of MaineCare Services  
Department of Health and Human Services**

**Before the Joint Standing Committee on Health and Human Services**

**Neither for Nor Against LD 1934  
*An Act Regarding Prior Authorization for Medication-assisted Treatment for Opioid Use Disorder  
under the MaineCare Program***

**Sponsor: Representative Stover  
Hearing Date: January 22, 2020**

Senator Gratwick, Representative Hymanson, and Members of the Joint Standing Committee on Health and Human Services, my name is Jill Kingsbury. I am the Director of Pharmacy at the Office of MaineCare Services. I am here today to offer information that is neither for nor against LD 1934, *An Act Regarding Prior Authorization for Medication-assisted Treatment for Opioid Use Disorder under the MaineCare Program*.

The Department is unclear on the intent of this bill. The bill's language states:

*The department may not require under the MaineCare program prior authorization for medication-assisted treatment for opioid use disorder for the prescription of at least one drug for each therapeutic class of medication used in medication-assisted treatment...*

However, the bill summary states:

*This bill prohibits the Department of Health and Human Services from requiring under the MaineCare program prior authorization for medication-assisted treatment for opioid use disorder for the prescription of at least one drug for each type of medication used in medication-assisted treatment...*

The Department is not sure what is meant by the "type" of medication, as stated in the summary. If the author meant "type" of medication, as opposed to "therapeutic class," the Department currently provides tablets and films that do not require a prior authorization (PA). Injectable forms of buprenorphine require a PA (except when administered through a medical benefit, i.e. not through a pharmacy). In addition, we do have safety dosing and prescribing criteria in place. Any prescribing outside of those criteria requires a PA. Those criteria are:

*Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.*

*Members will continue to be required to follow the criteria listed below:*

- 1. Induction period for new starts max of 60 days*
- 2. Max dose of 32 mg for induction*
- 3. Max dose of 16 mg for maintenance*
- 4. There is not more than one narcotic fill in member's drug profile between today's fill of Suboxone and a prior Suboxone fill within the past 90 days.*
- 5. Prescribers limited to those with X-DEA*

6. *Should be evidence provided of monthly monitoring including random pill counts urine drug tests and prescription monitoring program reports.*

It is unclear if LD 1934 is asking MaineCare to remove those safety criteria.

If the intent of the bill is to disadvantage Suboxone in any way, MaineCare would forfeit \$4.2 million dollars annually due to the following language in our Supplemental Rebate Agreement:

*Access: Suboxone Film will not be disadvantaged to any other product in the class and all Generic Buprenorphine/Naloxone Film(s) must be non-preferred. Current clinical criteria and quantity limits will remain in place.*

The bill also states that “the department may not impose any prior authorization requirements on pregnant women for medication-assisted treatment for opioid use disorder.” The Department does not object to this change.

I will be happy to answer any questions you have and will plan to attend the work session.