

Lock-in Drug Criteria Evaluation

Evaluate removal of SUD drugs from the Lock-in Program

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Background:

The North Carolina Administrative Code, Session Law, 42 CFR 431.54 and the State Plan Amendment supports the State's development of procedures for the control of beneficiary overutilization of Medicaid benefits, which includes implementing a Beneficiary Management Lock-In program. NC Medicaid has developed criteria for inclusion in the Beneficiary Management Lock-In Program, as it pertains to prescription drugs categorized as opiates and benzodiazepines. Beneficiaries who qualify for the lock-in program must get their medications in these classes of drugs from a single prescriber and pharmacy, chosen by the beneficiary, for Medicaid to make payment. If the beneficiary goes to a provider who is not listed on their file as their lock-in provider, the claim will deny in the point-of-sale system.

For more than a decade, drugs used to treat substance use disorder (SUD) containing buprenorphine have been included as one of the drugs monitored in the lock-in program. Claims for buprenorphine containing medications have been counted toward the prescription drug claim count and toward the prescriber count that makes a beneficiary eligible for the program. These drugs are also edited against at point of sale to ensure coordination of care.

Purpose:

As there has been an increase in treatment options for substance use disorder, as well as the number of beneficiaries being treated for SUD, having SUD medications included in the lock-in criteria has become more problematic for multi-provider clinics. Most patients start off getting prescriptions weekly in the beginning of treatment. This may lead to beneficiaries seeing multiple prescribers in the same month. These frequent office visits also correspond to high numbers of prescriptions monthly for these medications. Beneficiaries and prescribers have the ability to request changes to their prescriber and pharmacy as medically appropriate. However, some beneficiaries may not fully understand the process or may not have reliable phone service or transportation to return to the pharmacy while waiting on their prescriber on file to be changed. By removing buprenorphine type drugs used to treat SUD from the lock-in program, this lessens potential barriers to SUD treatment. This removal could also have the effect of encouraging more Medicaid beneficiaries to seek and stay in treatment.

Recommendation 1:

~~We recommend removing buprenorphine-containing medications used to treat SUD from the lock-in program's identification criteria.~~ These drugs will not be included in the process to identify new beneficiaries for lock-in nor edited against at point of sale for current locked-in beneficiaries. (Buprenorphine drugs used for pain will still be included in the lock-in program.)

Recommendation 2:

Currently, a prescriber writing a prescription for a SUD medication is not likely to prescribe an opioid. Therefore, one of the two claims will likely deny for wrong prescriber if the beneficiary is in the lock-in program. If we remove SUD drugs from editing, a safety net for beneficiaries would be to ~~create an edit to occur when a claim submitted for an opiate with overlapping dates of service for a drug used to treat SUD would deny.~~ There are options to allow the pharmacist to ~~override at the point of sale, if after review, it is determined medically appropriate.~~ However, this must be carefully evaluated as the pharmacy filling the opiate medication may get the message returned when the opiate claim denies, and up until that point, may be unaware that the beneficiary is on the medication to treat SUD. It must be determined if this is allowed per Part 2 SUD requirements. The pharmacy department previously requested to place a point-of-sale edit in the system like this, but it was determined at that time that it would be in the department's best interest not to implement such an edit. However, pharmacies and prescribers access the Controlled Substance Reporting System with

increased frequency and have the ability to obtain this same information. It would be judicious to request legal to revisit this subject for the safety of our Medicaid beneficiaries.

Impact to currently locked in beneficiaries:

- 1) Beneficiaries who are already locked in will continue for the duration of their original lock-in period. It would be extremely difficult to try to retroactively identify beneficiaries that would not have qualified under this new scenario.
- 2) Beneficiaries who are already locked in will no longer have claims denied at point of sale for buprenorphine containing medications used to treat SUD when not prescribed by the prescriber on file or not filled by the pharmacy on file.
- 3) Beneficiaries will still have 1 prescriber and 1 pharmacy on file for other medications that are still in the lock-in program.

Impact to lock-in program:

- 1) Program criteria will remain the same regarding the number of prescriptions/prescribers to qualify for the lock-in program.
- 2) Beneficiaries will remain in the program for 2 years.
- 3) Beneficiaries still have the ability to obtain a 4-day emergency supply for each year of the lock-in period.
- 4) Beneficiaries still have the flexibility to change providers as medically necessary.
- 5) Beneficiaries still have appeal rights.

Summary:

This utilization evaluation supports the removal of buprenorphine containing medications used to treat SUD from the lock-in program criteria and from being edited against in the point-of-sale system. This change will require coding updates in the NC Tracks claims processing system and for our PHP partners.

There may be additional impact to system changes if editing is added for opiates and SUD drugs.

Survey from other states regarding inclusion of buprenorphine products used to treat SUD in the lock-in program and POS claims editing for concomitant use of opioids and buprenorphine products used to treat SUD.

	Does your state exclude buprenorphine for substance use disorder in your lock-in program?	Does your state reject claims for concomitant opioids for patients being treated with buprenorphine for SUD?	Comments
Kentucky	Y	Y	We recently excluded Sublocade from our lock-in program because it started to cause a lot of issues/abrasion. Yes, we have opioid/buprenorphine edits in place.
Wyoming	Y	Y	
Oklahoma	Y	Y	
New Jersey	Y	Y	
Louisiana	N	Y	
Arkansas	N	Y	Yes-if the opioid is being filled after the Bup product.
Virginia	N	N	Looking into rejecting opioids for SUD pts

Michigan	N	N	
Washington	N	N	
Maine	N	N	
Minnesota	N	N	No, but that's only because it would take hard coding in our MMIS and our IT resources are limited.
Colorado	N	Y	Pharmacy claims for opioids for members currently receiving buprenorphine-containing MAT medications require entry of point-of-sale DUR service codes (Reason for Service, Professional Service, Result of Service) for override of drug-drug interaction (DD).
New York	N	Y	Not that I'm aware of given another Medicaid agency manages the lock-in program. Yes, require PA
Wisconsin	N	Y	
Arizona	N	Y	
Missouri	N	Y	Yes, PA required for override, the opioid would reject, not the MAT drug
Montana	N	Y	<p>Montana does not exclude buprenorphine for SUD from lock-in, but we don't lock in for SUD. They have to meet the other lock in criteria like multiple pharmacies, providers, ER visits, etc.</p> <p>We not only reject claims for opioids for member currently being treated for SUD, we reject claims for opioids for members who have a history of being treated for SUD. Because we only pay for Suboxone for SUD, if an opioid claim comes in for a member with a fill history of Suboxone (or buprenorphine, but not Belbuca or Butrans) the claim will deny and require a PA. We do pay for opioids for acute situations for member via a PA, but we don't cover chronic opioid use for members who have been diagnosed and treated for OUD.</p>
Total Y	4	12	
Total Y+N	17	17	

Note: Sublocade is not included in the lock-in program for NC.