



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

October 21, 2024

The Honorable Wes Moore
Governor
100 State Circle
Annapolis, MD 21401-1925

The Honorable Bill Ferguson
President of the Senate
H-107 State House
100 State Circle
Annapolis, MD 21401-1925

The Honorable Adrienne A. Jones
Speaker of the House of Delegates
H-101 State House
100 State Circle
Annapolis, MD 21401-1925

Re: Report Required by Health-General Article § 8-1102(c) and Ch. 82 and Ch. 83 of the Acts of 2022 – 2023 Report on Initial Analysis of Medications to Treat Opioid Use Disorder – Preferred and Non-Preferred Medications (MSAR# 14171)

Dear Governor Moore, President Ferguson and Speaker Jones:

In keeping with requirements of SB 323/HB 578 (Ch. 82 and Ch. 83 of the Acts of 2022), *Public Health – Medications to Treat an Opioid Use Disorder – Preferred and Non-Preferred Medications*, enclosed is the Maryland Department of Health's 2023 report on its initial analysis of preferred and non-preferred medications for the treatment of opioid use disorder.

If you have any comments or questions, please contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

cc: Ryan Moran, Deputy Secretary, Office of Health Care Financing and Medicaid
Tricia Roddy, Deputy Director, Office of Health Care Financing and Medicaid
Athos Alexandrou, Director, Office of Pharmacy Services
Sarah Case-Herron, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies)

2023 Report on Analysis of Medications to Treat Opioid Use Disorder – Preferred and Non-Preferred Medications

Submitted by the Maryland Department of Health

As required by HG § 8-1102(c) and SB 323/HB 578 (Ch. 82 and Ch. 83 of the Acts of 2022)

October 2024

Overview

The 2022 Maryland General Assembly passed SB 323, *Public Health - Medications to Treat an Opioid Use Disorder - Preferred and Nonpreferred Medications*. This legislation directed the Maryland Department of Health (the Department) to analyze the use of preferred and non-preferred drugs for the treatment of opioid use disorder, identify barriers to individuals who need opioid use disorder (OUD) drugs, and inform prescribers of benefits of prescribing preferred drugs. Upon review of the data, the Department found that providers used preferred drugs over 98% of the time for the treatment of OUD in Calendar Year (CY) 2021. Further, when compared to general prescribing patterns for all Fee-For-Service (FFS) drugs paid for by the Department, the percentage of non-preferred drugs prescribed for OUD is lower than the percentage of non-preferred drugs prescribed overall (95.8%). Changes to the Preferred Drug List (PDL) in CY22 will likely increase the volume of preferred drugs prescribed further. The Department plans to release guidance in the form of a provider transmittal regarding the benefits of prescribing from the preferred drug list to prescribers. The Department also commits to monitor any changes and continue to inform the General Assembly.

Background

The Maryland Medicaid Program serves approximately 1.7 million low income Marylanders. More than 86 percent of Maryland Medicaid participants receive their care through HealthChoice, Maryland's statewide mandatory managed care program implemented in 1997 under authority of Section 1115 of the Social Security Act. The HealthChoice program seeks to improve access and quality of care to Medicaid participants by providing comprehensive, patient-focused, coordinated care through Managed Care Organizations (MCO). Eligible Medicaid participants enroll in the MCO of their choice and select a primary care provider (PCP) to oversee their medical care. MCOs receive a capitation payment in exchange for providing care to their Medicaid participants. Maryland, like other states, elected to cover pharmacy services as part of its Medicaid benefit package although it is not required to by CMS. Under the authority of Section 1927 of the Social Security Act, Medicaid programs have the option to cover outpatient drugs. Pharmacy reimbursement methodologies vary by state, subject to certain federal requirements. Certain medications are carved out of the MCO benefit package and are provided on a FFS basis, including medications used in the treatment of behavioral health conditions, specifically OUD.

Covered medications can be delineated as preferred or non-preferred drugs based on the State's Preferred Drug List (PDL). All of the covered drugs align with clinical effectiveness, but preferred drugs provide a supplemental rebate that reduces the State's expenditure. As such, prescribing providers are encouraged to utilize drugs listed as preferred on the PDL. For patients, utilizing preferred drugs on the PDL also reduces their portion of cost sharing as these drugs require only a \$1 copayment, where non-preferred drugs have higher copayments. For non-preferred drugs, there are avenues whereby patients may access these drugs. When medically prudent, or in times of supply constraints, a pharmacy or pharmacist may dispense a non-preferred drug; however a prior authorization is mandatory before the prescription can be completed. Additionally to ensure immediate access to patients, a three-day supply of non-preferred OUD drugs can be provided on an emergency basis without a prior authorization from the prescriber. The State also contracts with a vendor that operates a 24/7 call center to assist with prior authorizations and emergency cases to improve immediate access to necessary

non-preferred OUD drugs. The Department’s Office of Pharmacy provides oversight to monitor the utilization of preferred and non-preferred drugs, offers policy guidance to prescribing providers, and ensures access of medications for patients throughout Maryland.

For CY21, the following list of drugs were covered for the treatment of opioid use disorder.

List of Preferred and Non-Preferred Drug List, CY21

Preferred Drugs

- buprenorphine (Subutex)
- naloxone injectable (Narcan)
- nasal spray (Narcan nasal spray)
- naltrexone (Revia)
- Bunavail
- Sublocade
- Suboxone film (Brand only)
- Vivitrol
- Zubsolv

Non-preferred Drugs

- buprenorphine/naloxone film (Suboxone) (generic only)
- buprenorphine/naloxone tablets (Suboxone)
- Lucemyra

Prescribing Patterns

Table 1 (shown below) outlines the quantity of OUD prescriptions (preferred and non-preferred), as well as the number of prescribers who authorized an OUD prescription (preferred and non-preferred) in CY21. The Department covered 332,484 prescriptions in CY21 for the treatment of OUD. However, only 1.5% of the total prescriptions were for non-preferred drugs.

Table 1. Overview of OUD Prescriptions and Prescribers for Preferred and Non-Preferred Drugs, CY21

Prescription Type	Pharmacy Prescriptions		Prescribers with at least one non-preferred OUD treatment prescription	
	#	%	#	%
Non-Preferred	5,122	1.5%	415	7.8%
Preferred	327,362	98.5%	4,876	92.2%
Total	332,484	100.0%	5,291	100.0%

The limited volume percent of non-preferred drugs prescribed suggests that providers are leveraging the PDL appropriately. Further, when compared to general prescribing patterns for all FFS drugs paid for by the Department, the percentage of non-preferred drugs prescribed for OUD is lower than the percentage of non-preferred drugs prescribed overall. Table 2 shows the percentage of all prescriptions compliant with the PDL by month. On average, 95.8% of prescriptions were preferred for CY21. This data further supports the conclusion that the percentage of OUD prescriptions that are non-preferred is appropriate.

Table 2. Percentage of All FFS Prescriptions Compliant with the Preferred Drug List, CY21

Pharmacy FFS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CY21 Avg
% of All Prescriptions Compliant with PDL	95.5	95.6	95.6	95.4	95.6	95.6	95.6	96.0	96.3	96.2	96.3	96.2	95.8

Although there is sufficient evidence that shows that providers who prescribe are utilizing drugs on the PDL broadly, the Department further investigated individual prescribers to detect potential outliers in the data. Table 3 illustrates a breakdown of providers who prescribed at least one non-preferred drug in CY21. These data highlight that the majority of providers (75%) who prescribed a non-preferred drug in CY21 did so fewer than 10 times. Furthermore, for providers with the highest number of non-preferred prescriptions (more than 50), the percent of use for preferred drugs remained above 98%. These data also indicate that for cases where an individual has a need to access non-preferred drugs, access to these non-preferred drugs is available.

Table 3. OUD Prescriptions and Prescribers, by Frequency of Use of Preferred and Non-Preferred Drugs, CY21

Quantity of Non-Preferred Prescriptions, CY21	Prescribers, n>1	Total, Non-Preferred Prescriptions		Total, Preferred Prescriptions	
	#	#	%	#	%
1-10	308	948	5.1%	82,899	94.9%
11-49	85	1,628	2.9%	54,016	97.1%
50+	22	2,546	1.1%	47,214	98.9%
Total	415	5,122	2.7%	184,129	97.3%

Note: Table 3 excludes the number of prescriptions from providers who did not prescribe any non-preferred drug in CY21

The COVID-19 pandemic caused some variations within OUD treatment for 2021. As a mitigation prevention strategy, Maryland relaxed prior regulations around non-preferred drugs by waiving the mandatory prior authorization requirement from March 2020 to August 2021. This policy provided additional assurances that individuals with OUD could receive their necessary drugs. It is likely that, due to the lack of prior authorization for non-preferred drugs, that a higher number of non-preferred drugs may have been used when this policy was in effect for the first half of CY21. Additionally, supply chain complications led to an irregular supply of medications, including OUD drugs, across the state. The use of non-preferred drugs as a consequence of lack of prior authorizations and from a lack of supply for PDL drugs affected an unknown frequency of non-preferred drug prescriptions. Even with these two circumstances, the rate of use for non-preferred drugs remained exceptionally low.

The following, Table 4, illustrates the frequency of use for non-preferred OUD drugs. In CY21, brand name Suboxone film was the preferred drug on the PDL. The generic Buprenorphine and Naloxone sublingual tablets were available as a non-preferred drug for individuals who had issues tolerating the preferred Suboxone film. In 2022, the Department shifted Buprenorphine and Naloxone sublingual tablets to the PDL. The Department anticipates this shift in policy will further reduce the percentage of non-preferred drugs being prescribed as the vast majority (91%) of the non-preferred drugs prescribed in CY21 were either Buprenorphine and Naloxone sublingual tablets (generic Suboxone) in various strengths.

Table 4. Total Number of Non-Preferred OUD Treatment Prescriptions, by National Drug Code (NDC), CY21, sorted by Drug Name and % of Non-Preferred Rx

NDC	Formatted Name	Non-Preferred OUD Prescriptions		Number of Participants with at least 1	Number of Providers with at least 1
		#	%		
4778103580 3	<i>Buprenorphine-Nalox 12-3mg^v</i>	15	0.3%	*	*
0037887689 3	<i>Buprenorphine-Nalox 12-3mg^v</i>	*	0.0%	*	*
4778103550 3	<i>Buprenorphine-Nalox 2-0.5mg^v</i>	19	0.4%	*	*
5038302879 3	<i>Buprenorphine-Nalox 8-2 Mg^v</i>	*	0.2%	*	*
4778103570 3	<i>Buprenorphine-Nalox 8-2mg F^v</i>	139	2.7%	45	41
4359805823 0	<i>Buprenorphine-Nalox 8-2mg F^v</i>	17	0.3%	*	*
2750500509 6	<i>Lucemyra 0.18 Mg Tablet^v</i>	78	1.5%	68	13
7867000503 6	<i>Lucemyra 0.18 Mg Tablet^v</i>	61	1.2%	53	19
7867000509 6	<i>Lucemyra 0.18 Mg Tablet^v</i>	46	0.9%	36	15
2750500503 6	<i>Lucemyra 0.18 Mg Tablet^v</i>	38	0.7%	33	17
0005401881 3	Buprenorphine-Nalox 2-0.5mg	262	5.1%	69	55
6275609698 3	Buprenorphine-Nalox 2-0.5mg	94	1.8%	52	17
6217504523 2	Buprenorphine-Nalox 2-0.5mg	69	1.3%	38	21

65162041603	Buprenorphine-Nalox 2-0.5mg	68	1.3%	26	28
00406800503	Buprenorphine-Nalox 2-0.5mg	52	1.0%	33	13
00228315403	Buprenorphine-Nalox 2-0.5mg	*	0.0%	*	*
50383029493	Buprenorphine-Nalox 2-0.5mg	*	0.0%	*	*
00228315473	Buprenorphine-Nalox 2-0.5mg	*	0.0%	*	*
16729054910	Buprenorphine-Nalox 2-0.5mg	*	0.0%	*	*
00054018913	Buprenorphine-Nalox 8-2 Mg	1,974	38.5%	363	215
62756097083	Buprenorphine-Nalox 8-2 Mg	912	17.8%	191	139
00406802003	Buprenorphine-Nalox 8-2 Mg	609	11.9%	155	102
62175045832	Buprenorphine-Nalox 8-2 Mg	275	5.4%	83	75
16729055010	Buprenorphine-Nalox 8-2 Mg	240	4.7%	55	32
65162041503	Buprenorphine-Nalox 8-2 Mg	114	2.2%	52	46
00228315503	Buprenorphine-Nalox 8-2 Mg	*	0.1%	*	*
00378876793	Buprenorphine-Nalox 8-2mg F	16	0.3%	*	*
Unduplicated Total		5,122	100.0%	1,074	415

*- indicates small cell size and data was compressed

v- indicates drug remains on 2022 non-preferred drug list

Planned Outreach

As directed by SB 323, the Department's Office of Pharmacy issued guidance in the form of a provider transmittal addressing the use of drugs on the PDL, in the absence of medical criteria or supply availability that does not permit use of preferred drugs for the treatment and management of individuals with OUD. This transmittal was published publicly and sent to providers who prescribed a non-preferred OUD drug within Maryland in CY21.

Conclusion

Maryland providers prescribe preferred drugs for the vast majority of prescriptions for OUD relying on the PDL for 98.5% of all prescriptions. The rare occurrences where a non-preferred drug was authorized is likely due to clinical decision making by the prescriber, regulatory changes in response to COVID-19 mitigation strategies, or supply chain constraints. Given the low volume of non-preferred OUD drugs prescribed and the fact that use of preferred OUD drugs exceeds the use of preferred drugs from other drug classes covered on the PDL for all FFS prescriptions generally, the data demonstrates that providers are using the PDL appropriately. The Department remains committed to monitoring these data pursuant to the requirements found in SB 323/HB 578.