



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

November 24, 2025

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

The Honorable Bill Ferguson The Honorable Adrienne A. Jones President of the Senate  
Speaker of the House of Delegates H-107 State House H-101 State House  
100 State Circle 100 State Circle  
Annapolis, MD 21401-1925 Annapolis, MD 21401-1925

**Re: Report Required by Health-General Article § 8-1102(c) – 2025 Report on Continued Analysis of Medications to Treat Opioid Use Disorder – Preferred and Non-Preferred Medications (MSAR# 14171)**

Dear Governor Moore, President Ferguson, and Speaker Jones:

Pursuant to Health-General Article § 8-1102(c), *Public Health – Medications to Treat an Opioid Use Disorder – Preferred and Non-Preferred Medications*, enclosed is the Department of Health’s report on its continued analysis of preferred and non-preferred medications for the treatment of opioid use disorder (OUD).

If you have any comments or questions, please contact Meghan Lynch, Director of Governmental Affairs, at [meghan.lynch@maryland.gov](mailto:meghan.lynch@maryland.gov).

Sincerely,

Meena Seshamani, M.D., Ph.D.  
Secretary

cc: Perrie Briskin, Deputy Secretary, Office of Health Care Financing and Medicaid  
Dr. Djinge Lindsay, Chief Medical Officer, Office of Care Transformation  
Athos Alexandrou, Director, Office of Pharmacy Services  
Sarah Albert, Department of Legislative Services (5 copies)

**Medications to Treat Opioid Use Disorder – Preferred and  
Non-Preferred Medications**

2025

Health-General Article § 8-1102(c)

Maryland Department of Health

**October 2025**

## **Overview**

Pursuant to the requirements of Health-General Article § 8-1102, on or before October 1 of each year, the Maryland Department of Health shall report on findings, progress and actions taken on:

- (1) Adopting a reporting system to monitor the prescribing of medications to treat opioid use disorders in the State, including which medications are being prescribed;
- (2) Analyzing patterns of prescribing medications in the State to identify prescribers who regularly prescribe nonpreferred medications, including a comparison of the patterns to the findings of the report submitted under subsection (d) of this section;
- (3) Conducting outreach to individuals authorized to prescribe drugs and devices in the State using educational materials regarding the benefits of prescribing preferred medications; and
- (4) Identifying barriers to individuals who need medication to treat an opioid use disorder to obtain the medication in a timely manner.

Upon review of the data, MDH found that prescribing providers used preferred medications over 99.8% of the time for the treatment of OUD in Calendar Year (CY) 2024. Further, when compared to general prescribing patterns for all fee-for-service (FFS) medications paid for by MDH in CY 2024, the percentage of non-preferred medications prescribed for OUD (0.2%) is lower than the percentage of non-preferred medications prescribed overall (2.7%). The volume of preferred medications prescribed for OUD increased from 99.7% in CY 2023 to 99.8% in CY 2024. Also, in accordance with the previously planned outreach, MDH continues to release guidance on a recurring basis in the form of a provider transmittal regarding the benefits of prescribing from the State's Preferred Drug List (PDL) to all prescribing providers who are enrolled with Maryland Medicaid at the time the respective provider transmittal is published. The most recent guidance was published publicly in January 2025<sup>1</sup>. MDH remains committed to monitoring any changes and continuing to inform the General Assembly.

## **Background**

The Maryland Medicaid Program serves more than 1.5 million low-income Marylanders. More than 87% of Maryland Medicaid participants receive their care through HealthChoice, Maryland's statewide mandatory managed care program implemented in 1997 under the 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 the Centers for Medicare and Medicaid Services (CMS). Under the authority of Section 1927 of the Social Security Act, Medicaid programs have the option to cover outpatient medications. Pharmacy reimbursement methodologies vary by state, subject to certain federal requirements. Certain medications are

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<sup>1</sup> [MARYLAND MEDICAL ASSISTANCE PROGRAM General Provider Transmittal No. 101 January 13, 2025 \(pg. 2\)](#)

carved out of the MCO benefit package and are provided on an FFS basis, including medications used in the treatment of behavioral health conditions, specifically OUD.

Covered medications can be delineated as preferred or non-preferred medications based on the State's PDL. All of the covered medications align with clinical effectiveness, but preferred medications provide a supplemental rebate that reduces the State's expenditure. As such, prescribing providers are encouraged to utilize medications listed as preferred on the PDL. For patients, utilizing preferred medications on the PDL also reduces their portion of cost sharing as these medications require only a \$1.00 copayment, whereas non-preferred medications have a \$3.00 copayment. For non-preferred medications, there are avenues whereby patients may access these medications. When medically prudent, or in times of supply constraints, a pharmacy or pharmacist may dispense a non-preferred medication; however, 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 medications 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 medications. MDH's Office of Pharmacy Services provides oversight to monitor the utilization of preferred and non-preferred medications, offers policy guidance to prescribing providers, and ensures access of medications for patients throughout Maryland.

For CY 2024, the following list of preferred and non-preferred medications were covered for the treatment of OUD<sup>2</sup>:

### **List of Preferred and Non-Preferred Medications, CY 2024**

| <b>Preferred Medications</b>  | <b>Non-Preferred Medications</b>       |
|---|--|
| buprenorphine (Subutex)   | buprenorphine/naloxone film (Suboxone) |
| buprenorphine/naloxone tablet (Suboxone)  | (generic only)                         |
| naloxone injectable (Narcan)  | Kloxxado                               |
| naloxone nasal spray (Narcan nasal spray) (Brand and generic and OTC <sup>3</sup> ) | lofexidine tablet (Lucemyra)           |
| naltrexone (Revia)  | Zimhi                                  |
| Brixadi Monthly   |  |
| Brixadi Weekly  |  |
| Opvee nasal spray   |  |
| Sublocade   |  |
| Suboxone film (Brand only)  |  |
| Vivitrol  |  |
| Zubsolv   |  |

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<sup>2</sup> Brixadi Monthly and Weekly (both extended-release injectable buprenorphine), OTC naloxone nasal spray, Opvee nasal spray (another brand of naloxone nasal spray), and lofexidine (the generic formulation of Lucemyra) are all newly added to Maryland Medicaid's FFS PDL as of CY 2024.

<sup>3</sup> OTC means "over the counter."

**Prescribing Patterns**

**Table 1** below outlines the quantity of OUD prescriptions (preferred and non-preferred medications), as well as the number of prescribing providers who authorized an OUD prescription (preferred and non-preferred medications) in CY 2024. MDH covered 334,079 prescriptions in CY 2024 for the treatment of OUD, of which 803 or 0.2% were for non-preferred medications. Notably, the utilization of non-preferred OUD medications decreased from 0.3% of all OUD medication prescriptions in CY 2023 to 0.2% of all OUD medication prescriptions in CY 2024, which indicates a consistent trend towards PDL compliance among the majority of prescribing providers.

**Table 1. Overview of OUD Treatment Prescriptions and Prescribing Providers for Preferred and Non-Preferred Medications, CY 2024**

| Prescription Type | Pharmacy Prescriptions |               | Prescribing Providers with at least 1 OUD Treatment Prescription |               |
|-------------------|------------------------|---------------|--|---------------|
|                   | #                      | %             | #  | %             |
| Non-Preferred     | 803                    | 0.2%          | 91   | 1.3%          |
| Preferred         | 333,276                | 99.8%         | 6,862  | 98.7%         |
| <b>Total</b>      | <b>334,079</b>         | <b>100.0%</b> | <b>6,953</b>   | <b>100.0%</b> |

The limited volume percent of non-preferred medications prescribed suggests that prescribing providers are leveraging the PDL appropriately. Further, when compared to general prescribing patterns for all FFS medications paid for by MDH, the percentage of non-preferred medications prescribed for OUD is lower than the percentage of non-preferred medications prescribed overall. **Table 2** below shows the percentage of all prescriptions compliant with the PDL by month. On average, 97.3% of prescriptions were preferred for CY 2024. 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, CY 2024**

| Pharmacy FFS                              | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | CY 2024 Avg. |
|---|------|------|------|------|------|------|------|------|------|------|------|------|--------------|
| % of All Prescriptions Compliant with PDL | 97.4 | 97.3 | 97.4 | 97.3 | 97.3 | 97.3 | 97.3 | 97.3 | 97.3 | 97.3 | 97.3 | 97.2 | <b>97.3%</b> |

Although there is sufficient evidence that shows that prescribing providers are utilizing medications on the PDL broadly, MDH further investigated individual prescribing providers to detect potential outliers in the data. **Table 3** below illustrates a breakdown of prescribing providers who prescribed at least one (1) non-preferred medication in CY 2024. These data highlight that the majority of prescribing providers (86.8%) who prescribed non-preferred

medication in CY 2024 did so fewer than ten (10) times. Furthermore, for prescribing providers with the highest number of non-preferred prescriptions (more than fifty [50]), the percentage of use for preferred medications remained above 93%. These data also indicate that for cases where an individual has a need to access non-preferred medications, access to these non-preferred medications is available.

**Table 3. OUD Prescriptions and Prescribing Providers, by Frequency of Use of Preferred and Non-Preferred Medications, CY 2024**

| Quantity of Non-Preferred Prescriptions, CY 2024 | Prescribing Providers, n>1 | Total, Non-Preferred Prescriptions |             | Total, Preferred Prescriptions |              |
|--|----------------------------|------------------------------------|-------------|--------------------------------|--------------|
|  | #                          | #                                  | %           | #                              | %            |
| 1-10   | 79                         | 244                                | 0.3%        | 60,806                         | 99.7%        |
| 11-49  | *                          | 168                                | 1.7%        | 9,693                          | 98.3%        |
| 50+  | *                          | 391                                | 6.2%        | 5,860                          | 93.8%        |
| <b>Total</b>                                     | <b>91</b>                  | <b>803</b>                         | <b>1.0%</b> | <b>76,359</b>                  | <b>99.0%</b> |

*Note: Table 3 excludes the number of prescriptions from prescribing providers who did not prescribe any non-preferred medications for OUD to Maryland Medicaid participants in CY 2024.*

*Note: Per Centers for Medicare and Medicaid Services (CMS) policy, cells with n<11 have been suppressed.*

**Table 4** below illustrates the frequency of use for non-preferred OUD medications. In CY 2021, brand name Suboxone film was preferred for OUD treatment on the PDL, and generic Buprenorphine-Naloxone sublingual tablets (generic Suboxone) were available as a non-preferred medication. In CY 2022, MDH shifted Buprenorphine-Naloxone sublingual tablets (generic Suboxone) to the PDL, as the tablets are frequently used for individuals who have issues tolerating the film formulation of the medication. As MDH anticipated, this shift in policy further reduced the percentage of non-preferred medications being prescribed, as the vast majority (91%) of the non-preferred medications prescribed in CY 2021 were Buprenorphine-Naloxone sublingual tablets (generic Suboxone) in various strengths. Buprenorphine-Naloxone film (generic Suboxone) remains a non-preferred medication, along with Kloxxado, Lofexidine (generic Lucemyra), and Zimhi, which together account for all of the non-preferred OUD prescriptions in CY 2024.<sup>4</sup>

<sup>4</sup> While Kloxxado and Zimhi (both of which are Brand names for naloxone nasal spray) are included on the PDL as non-preferred covered medications, there were no paid claims for either of these medications recorded for CY 2024.

**Table 4. Total Number of Non-Preferred OUD Treatment Prescriptions, by National Drug Code (NDC), CY 2024, sorted by Medication Name and % of Non-Preferred Prescriptions**

| NDC                       | Medication Name                      | Non-Preferred OUD Prescriptions |               | Number of Participants with at least 1 | Number of Prescribing Providers with at least 1 |
|---------------------------|--------------------------------------|---------------------------------|---------------|--|---|
|                           |                                      | #                               | %             |  |   |
| 47781035503               | Buprenorphine-Naloxone 2-0.5 Mg Film | 22                              | 2.7%          | *                                      | *   |
| 43598057930               | Buprenorphine-Naloxone 2-0.5 Mg Film | *                               | 0.1%          | *                                      | *   |
| 47781035603               | Buprenorphine-Naloxone 4-1 Mg Film   | 62                              | 7.7%          | 13                                     | 14  |
| 43598058030               | Buprenorphine-Naloxone 4-1 Mg Film   | *                               | 0.9%          | *                                      | *   |
| 47781035703               | Buprenorphine-Naloxone 8-2 Mg Film   | 249                             | 31.0%         | 64                                     | 42  |
| 43598058230               | Buprenorphine-Naloxone 8-2 Mg Film   | 26                              | 3.2%          | 12                                     | *   |
| 00378876793               | Buprenorphine-Naloxone 8-2 Mg Film   | *                               | 0.5%          | *                                      | *   |
| 47781035711               | Buprenorphine-Naloxone 8-2 Mg Film   | *                               | 0.1%          | *                                      | *   |
| 47781035803               | Buprenorphine-Naloxone 12-3 Mg Film  | 183                             | 22.8%         | 42                                     | 25  |
| 00378876893               | Buprenorphine-Naloxone 12-3 Mg Film  | 26                              | 3.2%          | 15                                     | *   |
| 43598058130               | Buprenorphine-Naloxone 12-3 Mg Film  | *                               | 1.1%          | *                                      | *   |
| 71921025096               | Lofexidine 0.18 Mg Tablet            | 64                              | 8.0%          | 57                                     | *   |
| 66993034537               | Lofexidine 0.18 Mg Tablet            | *                               | 0.2%          | *                                      | *   |
| 66993034576               | Lofexidine 0.18 Mg Tablet            | *                               | 0.1%          | *                                      | *   |
| 71921025036               | Lofexidine 0.18 Mg Tablet            | *                               | 0.1%          | *                                      | *   |
| 78670005096               | Lucemyra 0.18 Mg Tablet              | 82                              | 10.2%         | 70                                     | 12  |
| 78670005036               | Lucemyra 0.18 Mg Tablet              | 63                              | 7.8%          | 57                                     | 11  |
| <b>Unduplicated Total</b> |                                      | <b>803</b>                      | <b>100.0%</b> | <b>275</b>                             | <b>91</b>                                       |

*Note: Per Centers for Medicare and Medicaid Services (CMS) policy, cells with n<11 have been suppressed.*

### **Provider Outreach**

As directed by SB 323/HB 587, MDH has issued guidance on a recurring basis in the form of a provider transmittal addressing the use of medications on the PDL, in the absence of medical criteria or supply availability that does not permit use of preferred medications for the treatment and management of individuals with OUD. The most recent transmittal with this guidance was published publicly in January 2025 and sent to all prescribing providers enrolled with Maryland Medicaid at that time.

### **Conclusion**

Maryland prescribing providers prescribe preferred medications for the vast majority of prescriptions for OUD relying on the PDL for 99.8% of all OUD prescriptions in CY 2024. The

rare occurrences where a non-preferred medication was authorized is likely due to clinical decision making by the prescriber or supply chain constraints. Given the low volume of non-preferred OUD medications prescribed and the fact that use of preferred OUD medications exceeds the use of preferred medications from other therapeutic classes covered on the PDL for all FFS prescriptions generally, the data demonstrates that prescribing providers are using the PDL appropriately. MDH remains committed to monitoring these data pursuant to the requirements found in SB 323/HB 578.