Medication Assisted Treatment Coverage Guidelines

I. Background

Over recent years, the South Carolina Department of Health and Human Services (SCDHHS) has engaged in a number of efforts to address the opioid crisis within South Carolina's Medicaid population. These policy changes and benefit enhancements have contributed to improvements in opioid prescribing, but also highlighted the need for continued focus on ensuring that treatment for opioid use disorder (OUD) is available.

Inconsistencies in the coverage of medication assisted treatment (MAT) among payers is an often-cited barrier to the initiation and maintenance of MAT. To mitigate this barrier, SCDHHS is implementing standard coverage criteria across managed care organizations (MCOs). The coverage guidelines highlighted in this document were developed in concert with addiction treatment experts from across the state.

The criteria contained within this document represent the minimum coverage requirements. The use of less restrictive parameters and the approval of therapy for a period longer than indicated in this document are permissible.

II. Oral Buprenorphine

Buprenorphine/naloxone

- Generic oral formulations of buprenorphine/naloxone, as well as the sublingual film formulation (*Suboxone® Sublingual Film*), are covered without prior authorization for doses up to a daily dose of 24 mg of buprenorphine.

Buprenorphine monotherapy

- Buprenorphine monotherapy requires prior authorization and is covered only for pregnant women or individuals with a documented allergy to naloxone..
- After delivery, members must be transitioned to a buprenorphine/naloxone combination product.

III. Subcutaneous Buprenorphine

IV. Subcutaneous buprenorphine must be available without requirements for step therapy. The following are conditions which should be met and/or per the Package Insert:

- Diagnosis of moderate to severe opioid use disorder
- No concomitant use of opioid medications
- Initiation with a transmucosal or oral buprenorphine containing product at a dose of 8-24mg of buprenorphine daily for at least 7 days
- No use of supplemental oral, sublingual, or transmucosal buprenorphine
- Dosing consistent with FDA labeling

Initial authorization must be for a period of at least six months. Criteria for approval for continuation may include the requirements listed above.

V. Subdermal Buprenorphine Implant

Prior authorization criteria for buprenorphine subdermal implant may include (as outlined in the Package Insert):

- Achieved and sustained prolonged clinical stability on transmucosal buprenorphine

- Currently maintained on a dose of 8mg per day or less of oral, sublingual or transmucosal buprenorphine product equivalent
- Stable on oral, sublingual, or transmucosal buprenorphine dose for six months or longer without any need for supplemental dosing or adjustments
- Prescriber and/or the healthcare provider performing insertion has successfully completed a live training program specific to Probuphine insertion, as required by the product's manufacturer

After one insertion in each arm, most patients should be transitioned back to a transmucosal buprenorphine-containing product, if continued treatment is necessary. Neither re-insertion into previously-used administration sites, nor into sites other than the upper arm, has been studied. As such, therapy should generally be limited to 12 months.

VI. Extended-Release Intramuscular Naltrexone

Extended-release injectable naltrexone shall be provided without prior authorization. Step therapy parameters that require the use of oral naltrexone, methadone, or any formulations of buprenorphine or buprenorphine/naloxone combination therapies prior to receiving extended-release injectable naltrexone are not permitted except as otherwise indicated per package insert.