RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Training and Technical Assistance

A Comprehensive Listing of What States Cover for Substance Use Disorder, including Medications

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Comprehensive Update on State Medicaid Coverage of Medication-Assisted Treatments and Substance Use Disorder Services

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March 2017— *The first edition of the 50-state review of Medicaid coverage for substance use-related services summarized information on each state from prior comprehensive reviews and provided current information on Medicaid eligibility, as well as covered substance use disorder treatment and recovery services. It included detailed information on coverage of MAT for opioid and alcohol use disorders from current state Medicaid preferred drug lists/formularies (e.g., preferred medications, prior authorization requirements, clinical criteria, any limitations on dosage and duration, and Medicaid Managed Care coverage guidelines).*

February 2018— *Updates and revisions reflect relevant changes in coverage and preferred drug lists/formularies in various states. This edition reflects significant changes to prior authorization requirements, clinical criteria for coverage of medication-assisted treatments for opioid use disorder (OUD), and or Medicaid Managed Care guidelines in specific states. Other changes include Medicaid work requirements and the specifics of coverage for opioid overdose antidotes (e.g., naloxone, Narcan). Overdose fatality rates for 2016 are based on available current information.[1] For a detailed discussion of changes see pages 12-13.*

September 2018— *Updates and revisions reflect changes in Medicaid coverage for relevant services and to preferred drug lists/formularies. In most cases, the trend is towards expanded coverage and access to MAT for OUD with fewer PA requirements. Changes to Medicaid Managed Care coverage, provisions of Medicaid 1115 waiver programs, and the status of implementation of work requirements in various states have been added. Overdose fatality rates for 2016 are based on Centers for Disease Control final mortality data,[2] and projected provisional drug overdose fatality rates for 2017, as of August 2018.[3] A summary of state prescription drug monitoring program (PDMP) mandates is included. For a detailed discussion of changes see pages 14-16.*

October 2019— *Updates and revisions reflect changes in Medicaid coverage for relevant services and to preferred drug lists/formularies. Several states have added coverage of methadone maintenance treatment, eliminated prior authorization requirements for MAT. Overdose fatality rates are based on final fatality rates for 2017. Although Medicare is a federal program with requirements and rules that apply to all states, the Center for Medicare and Medicaid Services plan to begin covering services beneficiaries receive from a certified opioid treatment program (OTP)beginning in 2020, which offer another payer resource for MAT.*

[1] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at http://wonder.cdc.gov

[2] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at http://wonder.cdc.gov

[3] Ahmad FB, Rossen LM, Spencer MR, Warner M, Sutton P. Provisional drug overdose death counts. CDC, National Center for Health Statistics. 2018. Designed by LM Rossen, A Lipphardt, FB Ahmad, JM Keralis, and Y Chong: NCHS, last reviewed August 15, 2018.

Methodology, Terminology and Health Literacy

This review relies on primary source material available from state Medicaid websites, including explanations of covered services; member handbooks; Medicaid waiver applications; Medicaid brochures; memos pertaining to coverage for MAT; reports compiled by various states; and, Medicaid Managed Care plan reimbursement schedules and contracts. The Kaiser Family Foundation State Health Facts website and their Medicaid Benefits Data Collection was also a source of information on state Medicaid expansion status, spending and utilization. In some cases, Medicaid state plans, waiver applications submitted by states to the Center for Medicaid and Medicare Services, state opioid response plans, and materials available on websites of Single State Agencies responsible for substance use services were also reviewed. Finally, the most current Medicaid preferred drug lists (PDL) and/or drug formularies available from 49 out of 50 states and the District of Columbia were reviewed in detail. Updated data on overdose fatalities is from CDC reports, primarily: *Increases in Drug and Opioid Overdose Deaths – United States, 2010 to 2015; Drug Overdose Deaths in the US, 1999-2016, and Final Drug Overdose Deaths 2017.*

Health literacy has recently become a focus of research and of initiatives aimed at improving consumer understanding of health care information. The ASAM report pointed out examples of Medicaid and health plan terminology that was confusing and inconsistent. For this review, language was simplified when possible, but much of the terminology used by the verification source was retained to ensure the information was accurately represented. This review found that some states provided clear information on MAT coverage, while others required a search of multiple documents and used ambiguous language and imprecise grammatical constructions, making interpretation of coverage difficult for a health policy researcher. Presumably beneficiaries seeking care would find it even more difficult. The list that follows explains some of the terminology that appears in many of the state coverage summaries and in information on preferred and non-preferred drugs in simple language. It also explains the ways some of the rules that can affect access to clinically appropriate care.

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[15] Baugh, D., Pine, P., Blackwell, S., et al. (2004): Medicaid Prescription Drug Spending in the 1990s: A Decade of Change. *Health Care Financing Review* 25(3):523, Fall 2004.

[16] Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison – A high risk of death for former inmates. *New England Journal of Medicine, 365*, 157–165.

[17] Unclassified DEA Intelligence Report - Updated June, 2016, National Heroin Threat Assessment Summary:

Explanation of selected terminology and examples of how terms may be used

***Medicaid Fee for Service Reimbursement*—**State Medicaid plans pay for services through either fee-for-services or managed care arrangements. Each state can set their own Medicaid reimbursement rates for services as long as they fall within the federal guidelines. Some of the ways states determine reimbursement rates for specific services include:

- a review of the cost of a service for commercial payers in the private market; or
- a percentage of what Medicare pays for an equivalent service.

Medications for opioid use disorders are frequently covered through fee-for-services reimbursement. This is because Medicaid discounted rates for prescription drugs tend to rely on drug company rebate programs. Prior to the Affordable Care Act, Medicaid managed care plans were excluded from rebate programs. Many states carved out pharmacy benefits from managed care contracts and left them as a fee-for-service or medical benefit.

***Categorically Needy and Medically Needy Populations*—**Federal Medicaid requirements designate categorically needy populations that state Medicaid programs are mandated to cover. The traditional Medicaid population has consisted largely of pregnant and parenting women, children living at or below poverty level and elderly and disabled individuals. States may extend Medicaid benefits to additional groups that they designate as medically needy. These groups are usually determined by how their income compares to Federal Poverty Level (i.e., the expansion population). Most states that have expanded Medicaid eligibility opted to do so when the Affordable Care Act was implemented; but since that time several states have also done so through waiver programs (submitted to the Center for Medicare and Medicaid Services to amend existing state Medicaid plans and guide future reforms). A few states have allowed voters to decide on implementation of Medicaid expansion by referendum, and at least two more states will vote on the issue before the end of 2018.

***Medicaid Managed Care (MMC)*—**delivers services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set monthly payment per member. At least 70% of Medicaid beneficiaries are now enrolled in managed care plans. Some states offer as many as eight different managed care plans that vary in the covered benefits they offer. Some states require consistent coverage for specified services from MCOs; other states allow flexibility and only require contracted MCOs to offer plans that meet federal standards and adhere to various quality assurance and performance benchmarks.

***Capitated Payment*—**is a set monthly payment per beneficiary enrolled in a Medicaid managed care plan. Other types of negotiated rates are detailed in the utilization controls section below.

***Utilization Controls*—**are measures designed to manage the costs of health care services. Several different types of controls are referenced in this review.

- ***Negotiated reimbursement rates*—**State Medicaid agencies may use different methodologies to determine the rate for reimbursement of treatment services. Some use a *per diem* or daily rate. Other types of negotiated reimbursement rates include *percentage of cost*, *capitated fee,* and *cost-based or prospective cost rates*.

- ***Pre-approval or prior authorization (PA)*—**refers to needing approval for a specific service or cost to make sure the health plan will pay for it before the beneficiary can get care. Providers/prescribers usually submit PA requests. Medicaid managed care plans often require these requests to come from the beneficiary's primary care provider.

- ***Dosage limits*—**refer to the maximum dosage of a medication that a health plan will cover. Some standardized dosage limits do not correspond to clinical guidelines. They also fail to account for biological conditions that can influence drug metabolism. For example, pregnancy and certain drugs prescribed for other medical conditions can require dosage adjustments. "Dosage limits" are also applied to counseling, outpatient and residential treatment services. For example, counseling might be limited to 36 sessions per year or may limit residential treatment to 30 days.

- ***Lifetime limits on MAT for methadone and/or buprenorphine*—**are limits on how long a plan will pay for a medication. These limits are seldom applied to medications for other chronic conditions (asthma, hypertension, depression, etc.). In some cases, long-term MAT may help repair damage to opioid receptors; but there is no research that has conclusively determined how long it can take, and the extent of the healing that takes place may be highly individualized. MAT is most likely to be effective when treatment duration is a minimum of 9 months to two years. Sometimes certain individuals function better when they remain on a reduced maintenance dose for an extended period. Recently research on justice-involved populations receiving MAT for opioid use disorders should significant reductions in criminal activity but only among individuals that received MAT for long-term treatment over an extended period. [21]

- ***Frequent reauthorization requirements*—**refers to needing permission to continue to get coverage for a prescribed medication. Criteria may become more demanding with each reauthorization period. Sometimes multiple re-submissions are required before the minimum recommended time in treatment is reached.

[21] Deck, D., Wiitala, W., McFarland, B., Campbell, K., Mulluly, J., Krupski, A., & McCarty, D. (2009). Medicaid coverage, methadone maintenance, and felony arrests: Outcomes of opiate treatment in two states. *Journal of Addictive Diseases*, *28*(2), 89–102. http://doi.org/10.1080/10550880902772373

- ***Prescription refill limits*—**are limits on the number of refills a plan will cover. These

limits may not reflect chronic disease expectations and are not typically imposed on medications for other chronic conditions. They are sometimes only imposed when buprenorphine or methadone are prescribed to treat opioid addiction and are not limitations that apply to when they are prescribed for pain management.

- ***Pre-authorization requires documentation of participation counseling—***refers to a requirement to ensure a beneficiary is receiving counseling before the plan will cover the cost of a medication. Sometimes details of counseling sessions or progress notes are demanded. Plans may offer limited coverage for the required counseling or wait lists and other capacity issues can delay access to treatment.

- ***Requiring documentation of having an OUD for a specified period of time—***refers to having to document that an individual has had an OUD for a certain period, often for a year or more. Fortunately, some states waive this requirement for individuals recently released from prison or jail and for pregnant women. Early detection and intervention is usually encouraged for other health conditions.

- ***Step therapy or fail first criteria—***is a requirement of documentation that other therapies have been attempted but were ineffective before MAT is covered. This is not always possible in certain geographic areas where access to treatment is limited. MAT has been shown to be far more effective than behavioral treatments alone. Treatment failures with less effective approaches can translate into fatalities in some cases.

- ***Dictating specific clinical approaches—***Examples of this include demanding providers introduce a plan to taper as soon as patients are stabilized on a medication or dictating tapering schedules. These requirements can jeopardize patient engagement and retention.

- ***Clinical criteria—*** are standards for medical necessity for procedures, treatments and for prescribed pharmacotherapies. State Medicaid plans often rely on accepted standards such as American Society of Addiction Medicine (ASAM) criteria. Reimbursement for MAT often requires physicians to document that patients with OUDs meet clinical criteria prior to authorizing treatments, while such requirements almost never apply to accepted treatment for other chronic conditions (e.g., asthma, arthritis, depression).

- ***Pharmacy lock-in—*** requires beneficiaries used one pharmacy to fill all prescriptions and is a surprisingly effective, simple utilization control for the dispensing of MAT drugs and other controlled substances.

Preferred Drug List (PDL) and Formulary—Typically, preferred drugs lists are comprised of medications that health plans routinely cover without requiring prior authorization. Formularies are broader listings of all medications, preferred and non-preferred, with notations that indicate higher co-pays, pre-approval criteria, dosage or duration limits and other coverage restrictions for non-preferred drugs. The ASAM report pointed out their review found PDL terminology was

inconsistent and ambiguous. This update found the same issue. Many "preferred drugs" for opioid use disorders had pre-approval criteria and other limitations. Some states had universal formularies that listed preferred and non-preferred drugs and noted restrictions for non-preferred medications that applied to all benefit plans, including various managed care plans. In other cases, managed care plans had their own drug lists. Some formularies provided an online look-up that allowed for checking the status of individual drugs. In such cases, each FDA approved medication for opioid and alcohol use disorders was entered into the online pharmacy database and the coverage information provided was included in this report.

1115 Waiver— Section 1115 demonstration waivers allow state Medicaid agencies to gain approval from the Center of Medicaid and Medicare Services to test new ways to deliver and pay for health care services in Medicaid and the Children's Health Insurance Program (CHIP). This waiver program offers wide latitude to states to select and achieve objectives that advance the overarching goals of the Medicaid program.

Opioid Treatment Programs (OTP)—or OTPs are specially designated treatment programs that can dispense methadone for treatment of OUDs. These programs are highly regulated and must meet at least two layers of federal requirements (SAMHSA certification and DEA registration) and other requirements states may impose. Methadone can't be prescribed to treat opioid addiction, but OTPs can dispense it for these purposes (usually daily, in liquid form, under direct observation). They adhere to specific guidelines that govern limited take-home dosing for patients making satisfactory progress. OTPs are also mandated to link patients to behavioral health, medical, and social services that support recovery. Many OTPs have begun to also offer buprenorphine and/or long-acting injectable naltrexone. Other addiction treatment programs and qualified primary care providers may also offer these medications to treat opioid addiction, but only a finite number of OTPs can dispense methadone.

ASAM Criteria— are a set of guidelines for patient placement in addiction treatment services, comprised of five broad levels of care that correspond to the assessed severity of an individual's substance use disorder. American Society of Addiction Medicine patient placement criteria has helped standardize addiction treatment services for more than two decades and are required in over 30 states. They guide the intensity and duration of initial levels of care as well as transfer/discharge and continuing care for patients with substance use disorders and co-occurring conditions. ASAM has more recently developed practice guidelines for MAT of addictions involving opioid use.

Substance Abuse Treatment and Prevention—or SAPT block grants are a non-competitive funding source for publicly funded treatment and prevention programming. The amount of funding is based on a formula that accounts for state populations and other factors that influence the demand for services.

Note: Most of the terminology that appears in the state summaries that follow comes from materials provided by each state. When terms appeared to be misused (such as 'opiate' instead of opioid) or terms could be interpreted to convey several different meanings, in the interest of accurate representation, text was generally left as it appeared in the primary source. Corrections or requests for clarification should be directed to the appropriate state agency. Brand names of medications were used when relevant references appeared in PDLs or formularies.

Abbreviations used in state summaries that follow:

ASAM = American Society of Addiction Medicine

SUD = substance use disorder

AUD = alcohol use disorder

OUD = opioid use disorder

SL = sublingual

PA= pre-approval or prior authorization

MAT = Medication-assisted treatment

MMC = Medicaid managed care

MCO = Managed care organization

FPL = Federal Poverty Level

SBIRT = screening, brief intervention and referral to treatment

OTP = opioid treatment program (meets federal and state requirements to dispense methadone for treatment of opioid use disorders

PDL = preferred drug list (often drugs listed are available without preauthorization, but in many cases preauthorization requirements are noted for both preferred and non-preferred drugs)

SSA= single state agency (for substance abuse services)

PDMP = prescription drug monitoring program (s)

CMS = the Center for Medicare and Medicaid Services is the federal agency that oversees state Medicaid programs and approves state plans and modifications or service delivery reforms under waiver programs.

OP, IOP = outpatient, intensive outpatient treatment

STR = State Targeted Response to the Opioid Crisis Federal Funding

SOR = State Opioid Response Federal Funding

Introduction to October 2019 Updates

All information on covered substance services and Medicaid prescription drug formularies or preferred drug lists was updated as of October or November of 2019, with most states providing PDLs effective as of October or November dates. Many states are either implementing newly approved programs through CMS 1115 waivers or awaiting approval of changes they have proposed and submitted. Whenever possible, the provisions of pending waivers that would result in changes to Medicaid services or eligibility requirements are discussed, as are recently approved and newly implemented changes. Only one state's work requirements have been implemented (Indiana); however, five other states have gained approval for work requirements that are not yet implemented (Arizona, Michigan, Ohio, Utah and Wisconsin). The courts have set aside work requirements in New Hampshire, Kentucky and Arkansas, but at least 10 more states have pending submissions that include such requirements.

The positive trends that continue to impact more states include adding methadone to covered Medicaid services in states like Kentucky and Arkansas. In other states, Medicaid funds can be used to pay for some of the services offered by OTPs (e.g., medical exams, counseling) but cannot pay for the medication itself. In most states that do not offer coverage for methadone treatment through Medicaid, federal opioid funds have been earmarked to provide MAT to people without insurance or whose insurance does not cover it. This often includes methadone maintenance. More states have eliminated prior approval requirements for preferred buprenorphine products and other medications for the treatment of opioid use disorders. A few states allow medication to be prescribed without prior approval for a limited number of days, while others that still require PA have developed expedited submission and approval mechanisms.

This edition also contains updated information on Medicaid enrollment and spending by state and overdose deaths through 2018 (CDC Provisional data). There are many potential changes pending approval or implementation that will further alter the landscape in the relatively near future, not only to state Medicaid programs but also Medicare. The provisions of the 2018 SUPPORT Act legislation require Medicare to cover OTP services as of January 1, 2020. CMS has already released draft planning for a bundled payment structure for public comment. They purpose to cover methadone treatment and necessary related services and supports offered by OTPs. This unprecedented expansion will effect Medicare recipients in all 50 states including the age 65 and over population, many SSI recipients, and SSDI recipients. More updates will be available as these changes occur.

Alabama: has not expanded Medicaid eligibility.

1. **In 2013 ASAM reported:** AL responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on the Medicaid preferred drug list including those used to treat alcohol use disorders

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse, Data Set* & ***Kaiser State Health Facts*** showed: Alabama Medicaid covered treatment of substance use disorders on a fee for service basis. Specific sets of procedures were billable only for specific diagnoses with varying limits. As of 2014, some copayments were required for dually eligible Medicare and Medicaid beneficiaries when the State was asked to pay the coinsurance and/or deductible amount for a service. Any identified copayment requirements were applicable to adult beneficiaries 18 or older.

4. Current Medicaid Covered Services - verified of as of 10/2019: Alabama's proposed 1115 waiver was submitted to CMS, but as of October 2019 a decision is still pending. It proposes the strictest work requirements in the nation (35 hours per week for parents of minor children except those with children under age six who are required to work 20 hours per week). Proposed work requirements apply to the traditional Medicaid population comprised of women with children living in poverty and people with disabilities with exceptions for those currently in a GED or job training program. Proposed work requirements have been widely criticized for imposing levels of employment that would result in loss of eligibility. ***Alabama Medicaid Covered Services****:* In September 2019, CMS awarded Alabama a $5 million planning grant to improve capacities of Medicaid providers to deliver SUD treatment or recovery services. Current SUD service needs will be assessed and expanded through recruitment, training, and technical assistance for providers. This is likely to enhance covered SUD treatment services.

Prescription Drugs - Medicaid PDL of October 2019: Generic buprenorphine/naloxone SL tablets, Suboxone, Narcan, naloxone, acamprosate, disulfiram, long-acting injectable naltrexone and oral tablets and are listed as preferred drugs that appear not require prior authorization for patients meeting criteria. However, a prior approval form for all opioid treatment medications is still listed on the pharmacy services site, but the link to the form is no longer active. The initial supply is for 1 month, with subsequent renewals for 3 months (maximum dosage 24mgs). Zubsolv, Bunavail, Sublocade, and mono buprenorphine formulations require prior approval and documentation of failure with preferred agents. One oral methadone solution is listed as preferred, subject to quantity limits.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 918,024 (adults and children =19% of the state population). Total Medicaid spending in 2018 was 5.6 billion.

6. Drug overdose fatality rate for 2016 was 16.2 (per 100,000) with the rate of fatalities attributed to opioids at 7.5 (per 100,000). Rates increased from the previous year by 3% and 23%, respectively. CDC data for 2017 show the rate of drug overdose deaths increased to 18.0 per 100,000 or 835 deaths. Provisional data on Alabama's current drug overdose death rate suggest it may have decreased in 2018.

Alaska: has expanded Medicaid eligibility.

1. In 2013 ASAM reported: AK responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance with some SAPT Block grant funding
- Medicaid coverage for buprenorphine/naloxone *(requires documentation of counseling)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated the only medication excluded from AK's preferred drug list was methadone. Medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse, Data Set &* ***Kaiser State Health Facts*** showed: Alaska Medicaid covered residential substance abuse services provided by participating in state-certified facilities only; services delivered in psych residential and day treatment centers were not covered. Notes indicate as of 2014, any identified copayment requirements are applicable to beneficiaries age 18 and older.

4. Current Medicaid Covered Services – (NOTE: In March of 2019 Alaska gained CMS approval for the SUD services section of their 1115 waiver and is moving forward with redesigning services to address gaps.) *Alaska Medicaid Recipient Services Handbook, revised June 2018:* "Community Behavioral Health Services are only provided within the state. If needed services are not available in your community…the provider will contact the state to request a service authorization for travel…" Clinical and rehabilitation services are available for adults or children experiencing SUD. Covered services include assessments; case management; medication administration; comprehensive community support services for adults; substance use disorder treatment (outpatient, detoxification, residential), and peer support. The Alaska Division of Behavioral Health lists a limited amount of MAT provide that accept Medicaid. Alaska's 1115 waiver is approved by CMS through 2023, with service enhancements for adults and adolescents with SUDs as one of three priority objectives.

Prescription Drugs - PDL Formulary as of 2019: As of 10/2019 buprenorphine-based products for treatment of OUD do not require prior approval for the initial 28-day supply. Preferred medications still apply and are listed as: Suboxone film, with a maximum dose of 24 mg daily. Subutex is also listed as preferred but only requires documentation of medical necessity when prescribed to males. Narcan nasal spray take home prescriptions are covered, limited to two per 365 days, but limits can be overridden after consultation with prescriber alerting them of patient's Narcan use is documented. Oral naltrexone is listed as a preferred drug and physician administered Vivitrol and Sublocade no longer require PA. Methadone from OTPs is covered but only available in Fairbanks or Anchorage.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 220,043 (children and adults = 30% of the state population). Total Medicaid spending for 2018 was over 2 billion.

6. Drug overdose fatality rate for 2016 was 16.8 (per 100,000); rate of fatalities attributed to opioids at 12.5 (per 100,000). Rates increased from the previous year by 5% and 14%, respectively. CDC data for 2017 show the rate of drug overdose deaths increased to 20.2 per 100, 000 or 147 deaths. Provisional data on Alaska's current drug overdose death rate suggest it may have decreased in 2018.

Arizona has expanded Medicaid eligibility through its Section 1115 Waiver program.

1. In 2013 ASAM reported: according to the AZ Medicaid website, coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on Medicaid preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse, Data Set &* ***Kaiser State Health Facts*** showed: Arizona Medicaid offered fee-for-service coverage for both categorically needy and medically needy beneficiaries with substance use disorders. Arizona has a CMS approved 1115 waiver under which it implemented the Arizona Health Care Cost Containment System (AHCCCS) in 2015. Providers are required to obtain prior approval for specified services for beneficiaries coved by fee for service and managed care plans.

4. Current Medicaid Covered Services - verified as of 9/2019: Arizona's recently approved 1115 waiver includes a work requirement of 80 hours monthly which has not yet been implemented. Activities can include education, community service, life skills training, and job seeking—with exemptions for beneficiaries under age 16 and over 54, fulltime students, domestic violence victims, those who are homeless, in SUD treatment, pregnant or caring for minor children. The AZ Medicaid website lists seven different managed care plans and indicates they all provide the same coverage. Some plans are only available in specified counties and others (including the 'American Indian Health Plan') are available statewide. ***AHCCCS Covered SUD Services Manual –*** includes administration of prescribed opioid agonist drugs to a person in an office setting, methadone administration and other services (from a licensed OTP). Level I Residential treatment is covered including detoxification.

Prescription Drugs: PDL Formulary (updated October 2019) Preferred medications for OUDs that do not require pre-approval: methadone oral concentrate (only through OTPs), Suboxone, generic buprenorphine/naloxone SL tablets, naltrexone tablets, Vivitrol, naloxone vial & syringe and Narcan nasal spray. As of July 2018, prior approval for Subutex for pregnant women is no longer required. Non-preferred buprenorphine formulations, including Sublocade, require prior approval. Acamprosate and disulfiram no longer require prior approval.

State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 1.7 million (children and adults = 23% of the state population). Total Medicaid spending for 2018 exceeded 12.1 billion.

5. Drug overdose fatality rate for 2016 was 20.3 (per 100,000); rate of fatalities attributed to opioids at 11.4 (per 100,000); Rates increased from the previous year by 7% and 12%, respectively. CDC data for 2017 show the rate of drug overdose deaths increased to 22.2 per 100,000 or 1,532 deaths. Provisional data on Arizona's current overdose death rate suggest it may have increased in 2018.

Arkansas has expanded Medicaid eligibility through its Section 1115 Waiver program.

1. In 2013 A**SAM reported:** according to the AR Medicaid website, coverage of MAT for beneficiaries with substance use disorders was as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone (limited)

2. In 2014 SAMHSA's review of Medicaid policies: indicated methadone and extended release injectable naltrexone were excluded from AR's Medicaid preferred drug list.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts***: Arkansas Medicaid covers treatment for categorically and medically needy beneficiaries with substance use disorders on fee for service basis, with prior approval required for specific services. As of 2014, AR also had a safety net health benefit package called ARHealthNetworks authorized under a 1115 waiver. The plan limited covered services with a $100 annual deductible, copayments set at 15% of allowable charges for covered services (not to exceed $1,000 per year and a maximum annual benefit of $100,000).

4. Current Medicaid Covered Services - verified as of 10/2019: ***Arkansas Division of Medical Services website:*** covered services for SUD treatment include addiction assessment and treatment planning, outpatient care, specialized women's services and early intervention. The following services are covered when they are part of a treatment plan: care coordination; counseling (group, individual and family/marital) and medication management. Arkansas Medicaid is preparing to cover services from OTPs (methadone) but providers must meet additional legislatively mandated state requirements (e.g., security plans, neighborhood engagement plans, current diversion control plan). By January 2020, Medicaid reimbursement for methadone treatment should be underway. Arkansas' waiver provisions related to work requirements for Medicaid recipients and reduction of retroactive eligibility were set aside by court order on March 27, 2019.

Prescription Drugs - PDL Formulary (updated 10/2019): In April of 2019, AR Medicaid removed prior authorization requirements for FDA approved MAT drugs and required them to be offered at the lowest cost sharing level. Suboxone and generic mono formula buprenorphine SL tablets are preferred drugs that require documentation of medical necessity and referral to counseling for the initial 6 months of treatment before renewal is required. Bunavail, Zubsolv and generic buprenorphine/ naloxone SL tablets are non-preferred medications. The Managed care PA search feature lists no PA form for Sublocade, but list PA forms for Probuphine and Vivitrol. Narcan nasal spray and naloxone do not require PA, but there is a limit of 4 doses per 90-day period, after which a consultation with the prescriber is required.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 845,815 (children and adults =28% of the state population). Total Medicaid spending for 2018 exceeded 6.4 billion.

6. Drug overdose fatality rate for 2016 was 14.1 (per 100,000); rate of fatalities attributed to opioids: 5.9 (per 100,000); 2017 CDC data show the rate of drug overdose deaths increased to 15.5 per 100,000 or 446 deaths. Provisional data on Arkansas' current overdose death rate suggest it may have increased in 2018.

California has expanded Medicaid eligibility.

1. In 2013 ASAM reported: CA responses to survey questions regarding Medicaid coverage for MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(requires documentation of counseling)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on the preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* & ***Kaiser State Health Facts*** showed: California covered SUD treatment for both categorically needy and medically needy beneficiaries. Co-pays of $1.00 per visit were required. Specific services may require pre-approval. Residential treatment facilities are paid a standard per diem rate by facility bed size; substance abuse services paid a daily rate.

4. Current Medicaid Covered Services – verified as of 10/2019: In 2015, the State's SUD treatment continuum of care was overhauled to align with ASAM patient placement criteria, with a phased plan to roll it out in all counties. The plan includes co-locating SUD counselors at mental health clinics, primary care settings and/or hospital ER's; access to MAT at all primary care, MH and SUD facilities; and residential and IOP services. As of August 2018, a total of 19 counties comprising 75% of the Medi-Cal population, are operating as pilot sites of the Drug Medi-Cal Organized Delivery System (DMC—ODS) under a 1115 waiver approved in 2017. Non-residential services do not require PA and must be accessible 24/7 basis through a toll-free number. The waiver also overrides the IMD exclusion of Medicaid coverage for residential treatment in facilities with more than 16 beds. A Hub & Spokes model and outreach to youth in need of treatment for OUD are underway as of 2019.

Prescription Drugs - PDL Formulary (as of 10/2019): The flowing medications are listed as preferred on the Medi-Cal contract drug list (CDL) without PA required as of 10/2019: buprenorphine/naloxone SL tablets-up to four 11.4 mg. tablets per day; Suboxone-up to four 12 mg strips per day (48mgs); Bunavail buccal-up to four 6.3 mg films per day; and buprenorphine mono formula SL-up to four 8 mg tablets per day. All are restricted to a maximum of 120 dosage units dispensed as a 30-day supply. Naloxone vials and Narcan nasal spray, disulfiram, and oral naltrexone do not require PA. Effective 2015, coverage for Vivitrol injections every 28 days with up to 6 refills was extended to adult Medi-Cal beneficiaries even if they have been '*charged with or convicted of a misdemeanor or felony and who are also under supervision by the county or state.'* Methadone oral solution is considered a 'carve out drug' covered through the Medi-Cal medical benefit. Vivitrol, acamprosate, and Sublocade do not require PA as of July 2019.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 11.6 million (children and adults = 29% of the state population). Total Medicaid spending for 2018 was 83.9 billion.

6. Drug overdose fatality rate for 2016 was 11.2 (per 100,000); rate of fatalities attributed to opioids: 4.6 (per 100,000). In 2017 the rate of overdose deaths attributed to opioids increased to 5.3 per 100,000 and overall drug overdose deaths increased slightly to 11.7 per 100,000 or 4,868 deaths. Provisional data on California's current overdose death rate suggest it may have increased in 2018.

Connecticut expanded Medicaid eligibility.

1. In 2013 ASAM reported: CT responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only extended release injectable naltrexone was excluded from CT's Medicaid preferred drug list. Medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed**:** Connecticut provided coverage for substance use disorder treatment for categorically and medically needy beneficiaries at a prospective per diem or global rate. Ten days/per occurrence in an approved alcohol evaluation center for acute and evaluation phase of treatment was allowable.

4. Current Medicaid Covered Services - verified as of 9/2019: ***Connecticut Medicaid Summary of Services:*** The following types of services are covered for beneficiaries with SUDs: inpatient services at a hospital; detoxification services at a hospital or detox facility; crisis services; day treatment programs; individual, group, and family therapy; methadone treatment services including evaluation, medication management, and prescriptions (for those meeting clinical criteria, with counseling required). Effective 2/1/2018 new CMS approved guidelines for covered services and reimbursement rates for methadone maintenance at certified OTPs in CT are available online.

Prescription Drugs - PDL Formulary (as of 8/2019): Suboxone film is listed as the preferred brand drug that does not require PA along with the following medications: buprenorphine mono formula SL tablets; naltrexone tablets; naloxone syringe & vial, and Narcan nasal spray. Methadone maintenance treatment is covered as a pharmacy benefit with new billing guidelines issued as of 2/2018 (see above). Vivitrol long-acting injections are now covered as a pharmacy benefit and have recently been added to the PDL. **Note:** CT requires prescribers to consult PDMP data before prescribing schedule II-V medications, every 90 days thereafter and annual reviews. Naloxone is available from pharmacists without a prescription, and priority populations include: *Those using opioids after a period of abstinence (post-incarceration, post-addiction treatment, relapse.*

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 875,415 (children and adults = 24% of the state population). Total Medicaid spending for 2018 was over 8.6 billion.

6. Drug overdose fatality rate for 2016 was 27.4 (per 100,000); rate of fatalities attributed to opioids: 24.5 (per 100,000). Rates increased from the previous year by 24% and 28%, respectively. CDC data for 2017 show the rate of overdose deaths increased to 30.9 per 100,000 or 1,072 deaths. Provisional data on Connecticut's current overdose death rate suggest it may have increased in 2018.

Colorado has expanded Medicaid eligibility.

1. In 2013 ASAM reported: according to the CO Medicaid website coverage of MAT for beneficiaries with substance use disorders was as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone (limited)

2. In 2014 SAMHSA's review of Medicaid policies: indicated that only methadone was excluded from CO's Medicaid preferred drug list. Medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* & ***State Health Facts*** showed: Colorado Medicaid provided fee for service or prospective cost-based rate coverage for SUD treatment. Coverage is limited to 25 individual therapy sessions and 36 group therapy sessions per year with a co-pay of $2 per visit. Coverage of drug screening and monitoring is limited to 36 specimens per year.

4. Verification Medicaid Covered Services-verified as of 2019: *Health First Colorado Mental Health, Substance Use Disorder, or Behavioral Health Services:* Lists covered services, mostly without limits or co-pays, including alcohol and drug screening; group and individual counseling, targeted case management, crisis services, MAT (PA may be required); outpatient day treatment, detoxification, and inpatient/residential services. Colorado began covering methadone treatment in 2014, has expanded coverage of OTP services and added Vivitrol administered by a provider in the office without PA. Prior authorization for buprenorphine is still required; however, effective 1/1/2019, House Bill 18-1007 began requiring all health plans to authorize a five-day supply, without PA, for at least one FDA-approved form of MAT for initial requests in a 12-month period. In 9/2019, Colorado closed its public comment period on proposed 1115 waiver provisions to increased access to MAT and appropriate ASAM levels of care including residential treatment.

Prescription Drugs - PDL Formulary (updated as of 7/2019): Oral naltrexone is a preferred drug, not requiring PA; Suboxone strips and generic buprenorphine/naloxone tablets are preferred, with PA of clinical criteria required, at a maximum dosage of 24mgs daily. Non-preferred drugs: Acamprosate and Antabuse; Subutex, Bunavail, and Zubsolv SL tablets at a maximum dosage equivalent to 24 mg., require PA and annual re-authorization. Initial PA for non-preferred drugs requires verification of failure with preferred formulations, intolerance to naloxone, or pregnancy (for buprenorphine mono formulations). Vivitrol injections can be administered in a provider's office without PA and are billed as a medical benefit. Methadone is covered for patients who meet clinical criteria with low co-pays. Narcan nasal spray and naloxone vials do not require PA. Sublocade buprenorphine depot injections have been added with specific criteria required for PA.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 1.2 million (children and adults =19% of the state population). Total Medicaid spending for 2018 was over 9 billion.

6. Drug overdose fatality rate for 2016 was 16.6 (per 100,000); rate of fatalities attributed to opioids: 9.5 (per 100,000). Both rates increased less than 10% from the previous year. CDC data for 2017 show the rate of overdose deaths increased to 17.6 per 100,000 or 1,015 deaths. Provisional data on Colorado's current overdose death rate suggest it may have decreased in 2018.

Delaware has expanded Medicaid eligibility.

1. In 2013 ASAM reported: according to the DE Medicaid website, coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only extended release injectable naltrexone was excluded from DE's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Mental Health and Substance Abuse Data Set & Kaiser State Health Facts*: Delaware Medicaid provided coverage for SUD treatment on a fee for service or prospective cost-based rate, limited to 30 days residential per year – plus an additional 2 days for each unused inpatient psychiatric treatment day (not otherwise used for outpatient treatment). Approved treatment must include a minimum of 1 hour per week clinical face to face contact.

4. Current Medicaid Covered Services-verified as of 10/2019: ***Delaware Department of Health and Human Services:*** In 2014, CMS approved a 1115 waiver under which DE implemented the PROMISE program (Promoting Optimal Mental Health for Individuals through Supports and Empowerment) to improve outcomes through better care coordination and ongoing recovery support. In 2019, CMS approved renewal of the waiver and provisions that remove the IMD rule (prohibiting reimbursement for inpatient services to facilities with more than 16 beds). The following services are provided: screening and evaluation; outpatient counseling; opioid treatment (including methadone maintenance); continuous treatment team programs for individuals with long-term, disabling alcohol and drug dependence disorders; less intensive case management through outpatient counseling agencies; detoxification; and residential services. Residential services include short-term/variable length-of-stay treatment (30 days or less), long-term and halfway house stays. Covered services provided by OTPs include care coordination, medications, medical monitoring/management, methadone dispensing, physical exams, counseling, lab work, and other assessment and treatment services.

Prescription Drugs – PDL Formulary (10/2019): In 2017, Delaware Medicaid lifted PA requirements for preferred drugs for treatment of OUD which are currently: buprenorphine mono formula SL tablets, oral naltrexone; buprenorphine/naloxone film, Suboxone, buprenorphine/naloxone SL tablets, buprenorphine/naloxone Sublocade and Vivitrol. Zubsolv, Non-preferred agents are Bunavail, Lucemyra, and (which requires preauthorization). Methadone provided by OTPs is also covered. Naloxone vials and Narcan nasal spray do not require pre-authorization or prescription from a physician under a standing order issued by the Division of Public Health; as of 7/2018 co-pays are no longer required.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 248,021 (children and adults = 25% of the state population). Total Medicaid spending for 2018 exceeded 2.2 billion.

6. Drug overdose fatality rate for 2016 was 30.8 (per 100,000); rate of fatalities attributed to opioids: 16.9 (per 100,000). Rates increased from the previous year by 40% and 14%, respectively. CDC data for 2017 show the rate of overdose deaths increased to 30.0% or 338 deaths. Provisional data on Delaware's current overdose death rate suggest it may have increased in 2018.

District of Columbia - Washington DC has expanded Medicaid eligibility.

1. In 2013 ASAM reported: according to the DC Medicaid website, coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage was limited for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated only extended release injectable naltrexone was excluded from D.C.'s Medicaid preferred drug list. Other medications used to treat alcohol use disorders were included.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* & ***Kaiser State Health Facts*** showed: Washington D.C. covered SUD treatment for categorically and medically needy beneficiaries through fee for services reimbursement, with pre-approval required. Length of treatment covered at state-certified substance use disorder treatment programs was dependent on established level of acuity.

4. Current Medicaid Covered Services - verified as of 8/2018: ***Washington D.C. Department of Behavioral Health website:*** As of 2014, a CMS approved 1115 waiver authorized full Medicaid benefits for childless adults between the ages of 21 and 64 with incomes at or below 200% of federal poverty level (FPL); individuals with income below 133 % of the FPL already receive benefits through the District's implementation of the expansion option under the ACA. The benefit package, managed care delivery system, and cost sharing requirements are the same as for traditional Medicaid. Substance abuse services can be accessed through the Assessment and Referral Center (ARC), which provides same day assessment and referral for individuals seeking treatment. As of 4/2018, MCOs are responsible for care coordination unless beneficiaries are enrolled in one of the Districts Health Home programs. Services include detoxification, treatment (including coverage for drugs used for MAT) individual and group counseling, self-help, risk reduction interventions and recovery support, as well as residential treatment in cases where clinical criteria are met. Women can bring their children under 10 years old to live with them in certain residential programs. Recovery Support services are also available.

Prescription Drugs – PDL Formulary (updated 2018): Preferred medications for treatment of opiate dependence that list no preauthorization requirements: naltrexone (oral), Suboxone film and naloxone syringe & vials and Narcan nasal spray. The following medications are listed as non-preferred, requiring pre-authorization: Bunavail, buprenorphine mono formula, buprenorphine/naloxone, Zubsolv, and Lycemyra (lofexidine for withdrawal). Methadone provided by OTPs is covered.

5. State Medicaid Expenditures: 2015 Medicaid Utilization was 256,417 (children and adults = 36% of the District population). Total Medicaid spending for 2018 was over 2.8 billion.

6. Drug overdose fatality rate for 2016 was: 38.8 (per 100,000); rate attributed to opioids was: 30.0 (per 100,000). Both rates increased from the previous year by more than 100%. CDC 2017 data show the rate of drug overdose deaths decreased to 34.7% or 247 deaths. Provisional data on D.C.'s current drug overdose death rate suggest it may be continuing to decrease in 2018.

Florida has not expanded Medicaid eligibility.

1. In 2013 ASAM reported: according to the FL Medicaid website, coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on Florida's Medicaid preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Florida Medicaid extended coverage for SUD treatment to both categorically and medically needy beneficiaries through both fee for service and capitated payment. Quantity and frequency limits vary by service and require a $2 per visit co-pay. In 2014, CMS approved a 1115 waiver under which some Medicaid eligible groups receive health care services though plans with risk-adjusted premiums, which are required to provide all mandatory and most optional Medicaid benefits, but coverage amount, duration and scope may vary.

4. Current Medicaid Covered Services-verified as of 10/2019, ***Florida Agency for Health Care Administration:*** Florida offers a Medicaid Certified Match Substance Abuse Program which allows participating counties to contract with providers and pay them directly out of local funds to offer three types of approved services: alcohol and/or drug intervention services; comprehensive community support services-peer recovery support, and comprehensive community support services-aftercare. Under this program, enrolled counties can submit claims to Medicaid for reimbursement of the federally-funded portion. This increases local public funds for substance abuse treatment for Medicaid recipients. **Note:** As of 2019 federal opioid response funding for treatment and recovery services targets indigent, uninsured, and underinsured individuals with OUD, with the majority of funding earmarked to subsidize methadone and buprenorphine maintenance, as well as long-acting injectable naltrexone.

5. Prescription Drugs – PDL Formulary (updated 10/2019): The Florida Agency for Health Care Administration Opioid Supplement added Sublocade to the PDL with auto preauthorization (PA) for patients who have received at least 7 days of therapy with oral buprenorphine; clinical PA is required for all other buprenorphine formulations; however, a 7-day supply of buprenorphine formulations is permitted for patients who have not undergone MAT in the last 12 months without PA for induction with preferred medications, with a maximum of two 7-day induction refills within 60 days. After induction, clinical authorization is required and must be renewed every six months (maximum dosage 24 mgs.). The following are listed as preferred drugs that do not require additional prior authorization: Vivitrol (380 mg ER suspension for injection-minimum age 18), acamprosate, oral naltrexone, naloxone vials, Narcan nasal products and disulfiram. Methadone provided by OTPs is covered.

6. State Medicaid Expenditures: As of July 2019, Medicaid enrollment was over 4.1 million, (children and adults = 19% of the state population). Total Medicaid spending for 2018 was over 23 billion.

7. Drug overdose fatality rate for 2016 was: 23.7 (per 100,000); rate of fatalities attributed to opioids at 14.4 (per 100,000). Rates increased from the previous year by 46% and 53%, respectively. CDC data for 2017 show the rate of drug overdose deaths increased to 25.1% or 5,088 deaths. Provisional data on Florida's current drug overdose death rate suggest it may have decrease in 2018.

Georgia not expanded Medicaid eligibility.

1. In 2013 ASAM reported GA responses to a survey on Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on GA's Medicaid preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abused Data Set* & ***State Health Facts*** showed: Georgia Medicaid covered treatment of SUDs for categorically and medically needy beneficiaries through fee for service reimbursement at almost 85% of the CMS approved rate.

4. Current Medicaid Covered Services - verified as of 2019: ***Understanding Medicaid-Georgia Medicaid Handbook:*** Covered services listed include outpatient, inpatient and community support services as well as therapy/psychological counseling. The Georgia Department of Behavioral Health and Developmental Disabilities contracts with six regional providers to offer the following services: ambulatory substance abuse detoxification; residential substance abuse detoxification; crisis stabilization (medically monitored); residential services; opioid maintenance treatment; peer support services, and IOP programs. As of 2017, federal opioid response allowed the Georgia Office of Addictive Diseases to contract with nine providers for treatment -including MAT- of uninsured and underinsured Georgians with OUD. Through this initiative, 450 individuals have received treatment.

Prescription Drugs – PDL Formulary (updated 10/2019): PDL lists generic buprenorphine mono formula SL tablets, Suboxone, Vivitrol, disulfiram (generic) and naloxone vials as preferred medications that no longer require prior authorization; quantity limits apply (maximum Suboxone prescribed per 30 day cannot exceed 60 12 mg strips (24 mgs maximum dosage). Narcan nasal spray is also a preferred medication for which prior authorization can be obtained for prescriptions to people at risk for opioid overdose and their family members. Non-preferred medications that require prior authorization include generic buprenorphine/naloxone SL tablets, Belbuca, Zubsolv, and Bunavail (quantity limits may apply). Prior authorization is required to administer Lucemyra to patients for opioid withdrawal unless they started taking it in an inpatient facility. Methadone provided by OTPs is covered.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 1.8 million, (children and adults = 17% of the state population). Total Medicaid spending for 2018 was nearly 10.1 billion.

6. Drug overdose fatality rate for 2016 was: 13.3 (per 100,000); rate of fatalities attributed to opioids: 8.8 (per 100,000). Both rates increased 5% over the previous year. CDC data for 2017 show the rate of drug overdose deaths increased to 14.7 per 100,000 or 1,537 deaths. Provisional data on Georgia's current overdose death rate suggest there may be a decrease in 2018.

Hawaii has expanded Medicaid eligibility.

1. In 2013 ASAM reported: according to the HI Medicaid website, coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage was limited for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated only extended release injectable naltrexone was excluded from HI's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* & ***Kaiser State Health Facts*** showed: HI provided coverage for substance use disorder treatment for categorically and medically needy beneficiaries through a fee for service reimbursement or prospective payment system rate, with pre-approval required. As of 2014, a CMS approved 1115 waiver extended coverage to some previously uninsured groups through managed care delivery of services.

4. Current Medicaid Covered Services - verified as of 2019: ***Hawaii Department of Human Services website:*** Medicaid plans list the following as covered services: substance abuse treatment programs (both inpatient and outpatient), prescribed drugs including medication management and patient counseling, and methadone treatment services. The state's opioid response plan included federal funding that has increase the number of MAT providers and integrated access to treatment for OUD in primary care settings.

Prescription Drugs – PDL Formulary (updated 2019): Medicaid managed care plans each have preferred drug lists; however, Hawaii has added a universal PDL with no prior authorization required for most preferred and non-preferred drugs used to treat addiction, including the following: disulfiram; naltrexone tablets; naloxone vails, Sublocade, buprenorphine mono formula, buprenorphine/naloxone SL tablets and Suboxone (with quantity limits of up to 24 mg per day). Narcan nasal spray is covered by some plans, subject to quantity limits. Acamprosate tablets are listed as preferred but may require pre-authorization on some plans; Vivitrol is listed as a non-preferred drug. Methadone provided by OTPs is covered.

5. State Medicaid Expenditures: As of July 2016, Medicaid enrollment was 328,220 (children and adults = 23% of the state population). Total Medicaid spending for 2018 was more than 2.2 billion.

6. Drug overdose fatality rate for 2016 was 12.8 (per 100,000); rate of fatalities attributed to opioids: 5.2 (per 100,000). Rates increased from the previous year by 13% and 27%, respectively. CDC data for 2017 show the rate of drug overdose deaths increased to 13.8 per 100,000 or 203 deaths. Provisional data on Hawaii's current overdose death rate suggest there may be an increase in 2018.

Idaho voters approved an expansion referendum by 61% in 2018. The state is expanding Medicaid eligibility through a 1115 waiver, and state officials maintain implementation will begin in January of 2020 despite recent setbacks. *

1. In 2013 ASAM reported: ID responses to a survey on Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone (limited)

2. In 2014 SAMHSA's review of Medicaid policies: indicated only methadone was excluded from ID's Medicaid preferred drug list. Medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* ***& Kaiser State Health Facts*** showed: Idaho covered SUD treatment for Medicaid beneficiaries through a fee for service reimbursement. Allowable services included psychosocial rehab-5 hours per week; up to12 individual sessions-per week, and 24 group sessions per week.

4. Current Medicaid Covered Services – verified as of 2019: ***Idaho Department of Health and Welfare website*** lists substance abuse treatment as a service covered by Medicaid through a limited network of providers listed by region. The Benefits Guide for Idaho's Medicaid Health plan lists behavioral health services delivered by network providers as a benefit covered by all plans. Covered outpatient services include community-based treatment to minimize symptoms of mental illness and substance use disorders such as assessment and planning; psychotherapy (individual, group, and family); pharmacologic management; community-based substance use rehabilitation and treatment services; drug screening, and case management. Idaho Medicaid does not cover methadone for OUD detoxification or maintenance treatment. Idaho has submitted waivers to amend the state Medicaid plan which have been rejected by CMS. Currently, a decision is pending on the newest submission which includes work requirements of up to 20 hours per month for the expansion population with some exceptions.

Prescription Drugs – PDL Formulary (updated 10/2019): Suboxone and generic buprenorphine/naloxone SL tablets are preferred drugs (maximum daily dose of 24 mgs), but require PA. Non-preferred medications listed: Vivitrol, naltrexone (oral), Bunavial, Zubsolv, Probuphine implants, Sublocade, and buccal buprenorphine mono formula also require prior authorization and medical justification for use instead of preferred agents (except for treatment of pregnant women). Vivitrol requires PA justifying it's use over buprenorphine formulations. Lucemyra for withdrawal requires PA and will only be approved for patients prescribed it in an acute care setting as continuation. There are no preferred drugs for AUD listed; non-preferred oral and injectable naltrexone may be covered with prior approval. No PA is required for naloxone vial & syringe and Narcan. **Note:** Idaho's Response to the Opioid Crisis (IROC) program is supported by federal opioid response funding and subsidizes MAT with methadone. It also provides recovery support for individuals reentering from jails and prisons. **To check eligibility call (800) 922-3406**.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 263,697 (children and adults = just over 15% of the state population). Total Medicaid spending for 2018 was over 4.9 billion.

6. Drug overdose fatality rate for 2016 was: 15.2 (per 100,000); rate of fatalities attributed to opioids: 7.4 (per 100,000). Rates increased from the previous year by 7% and 23%, respectively. CDC data for 2017 show the rate of drug overdose deaths at 14.4 or 236 deaths, which was a slight decrease from the rate in 2016. Provisional data suggest drug overdose deaths rates may have decreased for 2018.

*61% of voters in Idaho approved Medicaid expansion for individuals with incomes at up to 138% of Federal Poverty Level in 2018. Since that time amendments to Idaho's approved CMS waiver have been submitted and rejected.

Illinois has expanded Medicaid eligibility.

1. In 2013 ASAM reported: IL responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance with some SAPT Block grant funding
- Medicaid coverage for buprenorphine/naloxone *(requires documentation of counseling)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only extended release injectable naltrexone was excluded from IL's Medicaid preferred drug list. Other approved medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser: *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse, 2012 Data Set* & ***Kaiser State Health Facts*** showed**:** Illinois Medicaid provided coverage for substance use disorder treatment for categorically and medically needy beneficiaries through fee for services, cost based per diem, or certified cost reimbursement, with pre-approval required for residential-based services and active community treatments.

4. Current Medicaid Covered Services – verified as of 2019: ***Illinois Division of Alcoholism and Substance Abuse website:*** Medicaid Managed Care Organizations (MCOs) are responsible for assisting individuals in locating covered substance abuse services. *Medicaid Managed Care Plans:* those qualifying for Medicaid or Medicare are offered six plan choices that all cover 'subacute medically necessary treatment services for alcoholism and other drug abuse provided in a setting besides an inpatient hospital.' Services must be a part of a treatment plan and include OP; IOP; residential rehabilitation; subacute detoxification, and psychiatric diagnostic services. Inpatient hospitalization for detoxification is also covered. A compare plans tool shows that two of the plans are rated highest on behavioral health services (Meridian and Illini-Care). The *DASA Policy Manual for Participants Covered Under the Department of Healthcare and Family Services Medical Programs, 2018* lists methadone as an adjunct to treatment as a covered service.

Prescription Drugs – PDL Formularies (updated 10/2019): Illinois Medicaid now has a universal PDL and an online directory of covered drugs. Preferred drugs available without pre-approval for alcohol and opioid use disorders: Lucermyra, disulfiram, acamprosate, Bunavail, buprenorphine mono formula tablets, buprenorphine/naloxone tablets, Zubsolv, Suboxone, Sublocade, Probuphine implants, Narcan, naloxone, Vivitrol, and naltrexone tablets. However, managed care plans may differ in the number of preferred products they cover, copay amounts and in some of the quantity limitations they apply. The most generous plan covers all opioid antagonists, including Vivitrol, without preauthorization requirements, as well as disulfiram and acamprosate. Most plans cover buprenorphine combination and mono formulations as preferred drugs with dosage limitations (24 mg maximum). Methadone oral solutions and concentrates were also listed as preferred drugs (quantity limits may apply).

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was nearly 2.8 million (children and adults = 22% of the state population). Total Medicaid spending for 2018 exceeded 22.2 billion.

6. Drug overdose fatality rate for 2016 was: 18.9 (per 100,000); rate of fatalities attributed to opioids: 15.3 (per 100,000). Both rates increased from the previous year by 34% and 43%, respectively. CDC data for 2017 show the rate of reported drug overdose deaths increased to 21.6 per 100,000 or 2,778. Provisional data suggest drug overdose deaths rates may have decreased for 2018.

Indiana has expanded Medicaid eligibility though its Section 1115 Waiver program.

1. In 2013 ASAM reported in 2013 that IN responses to a survey on Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated methadone and extended release injectable naltrexone were excluded from IN's Medicaid preferred drug list. Other approved medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* & ***Kaiser State Health Facts*** showed: Indiana Medicaid covered treatment for substance use disorders through fee for service reimbursement with pre-authorization required. Limitations varied by service. As of 2014, Indiana had a CMS approved 1115 waiver under which the State offered two distinct health plans: one for the Medicaid eligible population and one for uninsured individuals that did not qualify for Medicaid. Co-pays are required under both programs for beneficiaries age 18 and older.

4. Current Medicaid Covered Services – verified as of 9/2019: Indiana Medicaid obtained CMS approval for an extension of the state's 1115 Medicaid demonstration waiver in February 2018, which expands coverage for a full-range of SUD treatment services to beneficiaries enrolled in all Indiana Health Coverage Programs. Changes under the new SUD waiver include: coverage of inpatient SUD treatment provided in institutions of mental disease (IMDs) with more than 16 beds; coverage for short-term residential SUD treatment; and a new provider type and specialty for residential treatment. All plans cover treatment and required inpatient detoxification (and opiate withdrawal), plus outpatient services. As of March 2018, most plans offer bundled payments to OTPs that include daily methadone for beneficiaries over age 18 with OUD, and for those under 18 who have two failed attempts at drug-free treatments. Coverage for inpatient stays of up to 15 days per calendar month has also been added. A ***'Gateway to Work'*** component was added as of 2019 for some non-working beneficiaries with broad exceptions (e.g., medically frail, pregnant, in substance abuse treatment, primary caregiver for a pre-school age child or re-entering from a period in custody). Requirements as of 2020 are up to 20 hours a week of work activities for 8 out of 12 months per year (training, school, work readiness and placement).

Prescription Drugs – PDL Formulary (updated 10/2019): Indiana has a comprehensive formulary for all Medicaid plans, but prior approval processes may differ slightly among plans. Suboxone, generic buprenorphine/naloxone and buprenorphine mono formula SL tablets are preferred, requiring minimal copays and preauthorization for the initial 6-month period, with renewals every 6-months. Maximum dose is 24 mg daily. Vivitrol requires pre-authorization and higher co-pays. Naloxone vials and Narcan nasal spray are preferred drugs that do not require pre-authorization, but quantity limits may apply to naloxone (2 per day 90 days). Non-preferred medications include: Bunavail; buprenorphine/naloxone sublingual tablets, Sublocade, Zubsolv and Lucermyra (all subject to pre-approval criteria/justification for use instead of a preferred agent; quantity limits may apply). Methadone oral concentrate is listed with prior authorization required, subject to quantity limits.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 1.4 million (children and adults = 20% of the state population). Total Medicaid spending for 2018 exceeded 11.3 billion.

6. Drug overdose fatality rate for 2016 was 24.0 (per 100,000); rate of fatalities attributed to opioids: 12.6 (per 100,000). Rates increased from the previous year by 23% and 48%, respectively. CDC data for 2017 show the rate of reported drug overdose deaths increased to 29.4 per 100,00 or 1,852 deaths. Provisional data suggest drug overdose deaths rates may have decreased for 2018.

Iowa has expanded Medicaid eligibility through its Section 1115 Waiver program.

1. In 2013 ASAM reported: IA responses to a survey on Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated only methadone was excluded from IA's Medicaid preferred drug list. Medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Iowa Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for service reimbursement with a $2 co-pay per visit. Pre-authorization of the initial treatment plan was required and at least annually thereafter. Iowa has an approved Section 1115 waiver under which it operates the IowaCare program, which covers a limited benefit package and restricts beneficiaries to selected providers for services. They are also subject to copayments.

4. Current Medicaid Covered Services – verified as of 10/2019: ***Iowa Medicaid website*** programs include fee for service Medicaid and IA Health Link, which offers a selection of managed care plans to its expansion population, with coverage that varies according to qualifying income levels. Inpatient/residential SUD treatment services are covered by traditional fee for service Medicaid, for pregnant and post-partum women and by at least one of the managed care plans. Outpatient treatment is covered by all plans. Extent of covered services and copay requirements for beneficiaries with substance use disorders may vary across plans. Iowa has earmarked federal opioid response funds for expanded access to MAT.

Prescription Drugs – PDL Formulary (updated 9/2018): Preferred medications that do not require preauthorization are: Acamprosate, disulfiram, Narcan nasal spray, naloxone vials, and oral naltrexone. All buprenorphine formulations require pre-authorization that documents clinical criteria and participation in counseling. Generic buprenorphine/naloxone SL tablets are preferred, with a maximum dose of 24 mg for up to 90 days and annual renewal PA of a maximum dose of 16 mg after that. In October of 2017, Iowa Medicaid issued a letter clarifying that methadone dispensed by an authorized OTP is covered as a medical benefit; however all methadone products are linked to preauthorization form that require documentation of failure of non-methadone treatment. Non-preferred medications that also require pre-authorization and documentation of medical necessity include: Zubsolv, Suboxone, Bunavail, Belbuca, and buprenorphine mono formula (with documentation of pregnancy or intolerance of naltrexone). Extended release injectable medications and implants are billed as a medical benefit rather that a pharmacy benefit, with pre-approval requirements

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 692,063 (children and adults = 22% of the state population). Total Medicaid spending for 2018 was nearly 5 billion.

6. Drug overdose fatality rate for 2016 was 10.6 (per 100,000); rate of fatalities attributed to opioids: 6.2 (per 100,000). Both rates increased slightly from previous years. CDC data for 2017 show the rate of reported drug overdose deaths increased to 11.5 per 100,000 or 341 deaths. Provisional data suggest drug overdose deaths may have decreased in 2018.

Kansas has not expanded Medicaid eligibility.*

1. In 2013 ASAM reported: the KS Medicaid website indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage was limited for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated methadone and extended release injectable naltrexone were excluded from KS's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* & ***Kaiser State Health Facts*** showed: Kansas Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for service reimbursement or capitated payment, with pre-authorization required for specified substance abuse services. A co-pay of $2 per visit is required from certain beneficiaries.

4. Current Medicaid Covered Services – verified as of 9/2018: ***Kansas Department for Aging and Disability Services website:*** SUD treatment services are offered through three managed care plans under KanCare, the state's privatized program for the traditional Medicaid population. Services provided include assessment and referral; acute detoxification; case management; crisis intervention: inpatient and outpatient treatment; opioid maintenance outpatient treatment (OBOT) with buprenorphine formulations; peer mentoring; social detox; specialized women's treatment programs, and therapeutic communities which specifically address criminal activity/behavior. Services funded by the SAPT block grant prioritize individuals with SUDs who are not covered by Medicaid, Medicare or private insurance. Coverage under United Health Care plans appears to offer the best coverage of MAT drugs for opioid and alcohol use disorders including naloxone and Narcan without PA requirements. Kansas' Opioid Response Plan offers subcontracted services for those without health coverage (including Medicaid) or for those with OUD whose plans do not cover needed treatments. This included methadone from OTPs.

Prescription Drug Coverage – PDL Formulary (updated 10/2019): None of the medications approved for treating substance use disorders are listed on the Kansas Medical Assistance PDL. However, prior authorization forms for buprenorphine formulations are available, requiring documentation of clinical criteria and participation behavioral treatment. Maximum dosage is 24mgs. per day or equivalent for Suboxone film or SL tablets, Zubsolv, and Bunavail film, with Subutex requiring documentation of pregnancy or intolerance to naloxone. Re-authorization is required every 90 days. As of 10/2016, pre-authorization for up to 4 Probuphine implants (one every 6 months) is available for members meeting clinical criteria; additional requirements may apply. As of 2017, Kansas Medicaid included methadone maintenance in their credentialing application for behavioral health service providers. Kansas fee-for-service Medicaid and MMC plans may cover some services at OTPs, and federal opioid response funding can cover maintenance treatment for eligible individuals.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 370,250 (children and adults = 13% of the state population). Total Medicaid spending for 2018 exceeded 3.4 billion.

6. Drug overdose fatality rate for 2016 was 11.1 (per 100,000); rate of fatalities attributed to opioids: 5.1 (per 100,000). Both rates declined slightly from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased to 11.8 or 333 deaths. Provisional data suggest drug overdose deaths may have increased slight in 2018.

*Kansas is a non-expansion state; however a recent bill that has proposed expanding Medicaid eligibility passed the Kansas House of Representative, but was blocked by the Senate. The current Governor has appointed a council to review expansion, with cautions against making work requirement and other contingencies part of a 1115 waiver application since they have been stuck down by the courts in several other states.

Kentucky has expanded Medicaid eligibility.

1. In 2013 ASAM reported: KY responses to a survey on Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated only methadone was excluded from KY's Medicaid preferred drug list.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Kentucky Medicaid covered treatment of substance use disorders as a primary diagnosis on a limited basis, primarily for pregnant women, through prospective cost based per diem. As of 2014, KY offered three plans with various levels of coverage and cost sharing in addition to traditional Medicaid benefits. All plans are subject to copayments for certain services and have both a medical and a pharmacy out of pocket maximum of $225 per year. Copays are applicable to beneficiaries age 18 and older and do not apply to preventive services; beneficiaries eligible for both Medicare and Medicaid are also exempt from cost sharing.

4. Current Medicaid Covered Services – verified as of 10/2019: Note: In January 2018, KY announced work requirements of 80 hours per month with various rules for work activities and exceptions for Medicaid recipients, slated to roll out in July 2018. However, a court ruling in June of 2018 blocked implementation of Medicaid work requirements. Covered treatment services include: SBIRT; assessment; targeted case management; treatment plan development; IOP; peer support; individual, group and family therapy, and inpatient treatment. Vivitrol and Suboxone are covered by Medicaid for medication-assisted treatment. In March 2019, the Kentucky Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS) announced a Medicaid State Plan Amendment to add coverage of methadone effective as of July 2019. The Kentucky Opioid Response Plan (KORE) also listed expanded access to MAT as a primary goal.

Prescription Drug Coverage – PDL and Formularies (updated as of 8/2019): KY Medicaid has a universal preferred drug list; however, PDLs for Medicaid Managed Care plans and for other Medicaid plans may have slight differences in preferred drugs listed and PA requirements which should be considered when selecting a plan. Preferred drugs that generally do not require prior authorization include: buprenorphine/naloxone SL tablets, buprenorphine mono formula SL tablets, acamprosate, oral naltrexone, disulfiram, naloxone and Narcan, although quantity limits may apply. Methadone solutions and Vivitrol require PA verifying clinical criteria, and are subject to quantity limits. Other non-preferred drugs listed that require PA of clinical criteria: Zubsolv, Bunavail, Probuphine, Sublocade and Lucemyra.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 1.2 million (children and adults = 27% of the state population). Total Medicaid spending for 2018 exceeded 9.8 billion.

6. Drug overdose fatality rate for 2016 was 33.5 (per 100,000); rate of fatalities attributed to opioids: 26.3 (per 100,000); both rates increased 12% from the previous year. CDC data for 2017show the rate of reported drug overdose deaths increased to 37.2% or 1,566 deaths. Provisional data suggests drug overdose deaths may have decreased significantly in 2018.

Louisiana has expanded Medicaid eligibility.

1. In 2013 ASAM reported: LA Medicaid website indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicted only methadone was excluded from LA's Medicaid preferred drug list.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***State Health Facts*** showed: Louisiana Medicaid provided coverage for substance use disorder treatment for categorically and medically needy beneficiaries through capitated services reimbursement, with pre-approval required.

4. Current Medicaid Covered Services – verified as of 10/2019: ***Medicaid Services - Louisiana Department of Health:*** adult beneficiaries are eligible to receive addiction services (outpatient and residential) if they meet clinical criteria. Medicaid eligible youth can access covered addiction services (outpatient and residential) if a qualified practitioner determines medical necessity. They can also receive services through the State's Coordinated System of Care Program, designed to supports children and youth who have significant behavioral challenges or co-occurring disorders and are at risk for out-of-home placement. Medications prescribed only for narcotic addiction are listed as an exception to covered pharmacy benefits. *Louisiana Office of Behavioral Health* lists methadone maintenance and other medications for opioid addiction as covered services; however, methadone may be subsidized by federal block grant and State Targeted Response to the Opioid Crisis funding. The state's 2019 opioid response plan includes methadone provided by OTPs for clients over the age of 18 addicted to opioids for at least 12 months. The state has authorized 10 OTP sites to provide treatment and has included coverage of methadone as Medicaid service benefit in the state fiscal year 2019-2020 budget.

Prescription Drug Coverage - PDL Formulary, October 2019: There is now a universal Medicaid PDL for all Medicaid plans with Suboxone, naltrexone tablets, Narcan nasal spray and naloxone syringe & vial listed as preferred drugs for opioid dependency, subject to quantity limits (24 mgs. is the maximum Suboxone daily dosage) As of 2018, naloxone limits apply (2 covered administrations per 90-day period for most types) but can be overridden in emergency cases. A link to a PA form appears next to the category of drug for treatment of OUD, and may be required for both preferred and non-preferred drugs: Bunavail, Zubsolv, buprenorphine mono formula tablets for which PA can be approved for 4-6 months; Vivitrol is covered for beneficiaries over 18 meeting clinical criteria; Sublocade and Probuphine implants are available (age 16 and up only with no renewals). Methadone requires PA for patients that meet clinical criteria.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 1.3 million (children and adults = 29% of the state population). Total Medicaid spending for 2018 was nearly 11 billion.

6. Drug overdose fatality rate for 2016 was 21.8 (per 100,000); rate of fatalities attributed to opioids: 7.7 (per 100,000). Both rates increased from the previous year by 15% and 2%, respectively. CDC data for 2017 show the rate of reported drug overdose deaths increased to 24.5 or 1,108 deaths. Provisional data suggest drug overdose deaths increased slightly in 2018.

Maine The newly elected Governor implemented Medicaid expansion, effective January 2019, but retroactive coverage is available from July 2018. Maine voters a passed referendum to expand Medicaid eligibility in November 2017.

ASAM reported: ME responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(requires documentation of counseling)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: all medications to treat SUDs were on Maine's Medicaid preferred drug list including medications used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Maine Medicaid provided coverage for substance use disorder treatment for categorically and medically needy beneficiaries through fee for service or negotiated rate reimbursement. Services were limited to 30 weeks per year with co-pays. A 2017, CMS approved a 1115 waiver that extended Medicaid eligibility to childless adults with income at or below 100% of the Federal Poverty Level.

4. Current Medicaid Covered Services – verified as of 10/2019: ***MaineCare (Medicaid)Handbook – Spring 2019:*** Offers limited specific information on coverage of SUD treatment. General coverage behavioral health care services are listed along with information on Opioid Health Homes. Individuals can choose to receive these services at no extra cost which include office-based integrated medication assisted treatment, opioid dependency counseling, and care management. Primary care, behavioral health, and substance abuse providers may provide team-based Opioid Health Home services. Maine Opioid Health Homes for people receiving buprenorphine or naltrexone may be partially funded by federal STR Opioid Response grant monies.

Prescription Drug Coverage - PDL Formulary, 10/2019 – Antabuse, disulfiram and oral naltrexone tablets are preferred medications for alcohol use disorders; Acamprosate is non-preferred (step therapy with preferred medications required). As of 2019, medication-assisted treatment with methadone or buprenorphine requires PA and is covered subject to 24-month limitation, verification the patient is involved in counseling, and tapering is discussed during the first 60 days of treatment and quarterly thereafter. Vivitrol, naltrexone tablets, Narcan, Suboxone and buprenorphine/naloxone SL tablets are preferred drugs (buprenorphine dosages up to 32 mgs for the first 60 days and 16 mgs for maintenance). Non-preferred drugs requiring PA, medical justification of use, and subject to limitations, include Bunavail, Zubslov, buprenorphine mono formula (only for pregnant women), Sublocade, Probuphine implants, and Lucemyra. Prior authorization is needed to restart treatment after a prior 24 month-period to assess risk of relapsing or evidence of relapse. Methadone is listed as non-preferred. Established opioid users must have a trial and failure of at least 2 preferred drugs for at least 2 weeks to gain approval for methadone treatment or they are allowed 180 days to transition to a preferred medication.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 256,835 (children and adults = 19% of the state population). Total Medicaid spending for 2018 exceeded 2.7 billion.

6. Drug overdose fatality rate for 2016 was projected at: 28.7 (per 100,000); rate of fatalities attributed to opioids: 25.2 (per 100,000). Both rates increased from the previous year 55% and 31%, respectively. CDC data for 2017 show the rate of reported drug overdose deaths increased to 34.4 or 424 deaths. Provisional data suggest overdose deaths may have decreased significantly in 2018.

Maryland has expanded Medicaid eligibility.

1. In 2013 ASAM reported: MD responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(requires documentation of counseling)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs on Medicaid preferred drug list including those approved to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***State Health Facts*** showed: Maryland Medicaid provided coverage for substance use disorder treatment for categorically and medically needy beneficiaries through fee for service reimbursement, with pre-authorization. As of 2014, CMS approved a 1115 managed care waiver under which the State extends Medicaid eligibility to a number of different populations not otherwise eligible for Medicaid in a program called HealthChoice. Services for HealthChoice members are provided primarily through managed care organizations.

4. Current Medicaid Covered Services – verified as of 10/2019: ***Maryland Medicaid Summary of Mental Health and Substance Abuse Benefits:*** Services paid for by Medicaid managed care (providers do not need to be in MCO network) include: physician management of buprenorphine/naloxone medications; comprehensive substance abuse assessment; individual, family, or group counseling; intensive outpatient treatment; methadone maintenance, and hospital and community-based detoxification. Buprenorphine and other medications are covered in accordance MCO formularies. Some do not cover treatment services rendered in hospitals or certain hospital outpatient clinics. Substance Abuse Treatment services rendered in hospitals or certain hospital outpatient clinics may not be covered.

Prescription Drug Coverage - PDL Formulary, July 2019: Pre-authorization criteria for Vivitrol injections includes a diagnosis of opioid or alcohol use disorder and documentation that patients with OUD have negative urine tests for opioid use and have passed a naloxone challenge (for AUD attest that the patient is abstinent from alcohol). Acamprosate PA requirements also require the patient has urine tests verifying they have abstained from alcohol for 7 days and a history of treatment failure with naltrexone or disulfiram. Preferred buprenorphine/ naloxone combination therapies without preauthorization requirements include: Bunavail, Zubsolv and Suboxone, subject to quantity limits equivalent to a maximum of 16 mg. For Subutex no preauthorization or clinical criteria applies to first prescription, but refills require diagnosis of opioid use disorder, pregnant, breastfeeding or intolerance to naloxone. Naltrexone (oral) for opioid or alcohol use disorder is listed, with pre-authorization required. Narcan and naloxone vials do not require preauthorization. Methadone dispensed by OTPs is covered.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 1.3 million (children and adults = 21% of the state population). Total Medicaid spending for 2018 was nearly 11.5 billion.

6. Drug overdose fatality rate for 2016 was projected at: 33.2 (per 100,000); rate of fatalities attributed to opioids: 29.7 (per 100,000). Rates increased from the previous year 59% and 68%, respectively. CDC data for 2017 show the rate of drug overdose deaths increased to 36.3 or 2,247 deaths. Provisional data suggest overdose deaths may have increased slightly in 2018.

Massachusetts has expanded Medicaid eligibility.

1. In 2013 ASAM reported: MA responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: only Acamprosate was excluded from MA's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Massachusetts Medicaid provided coverage for substance use disorder treatment for categorically and medically needy beneficiaries through fee for service or negotiated rate reimbursement. Massachusetts operates many coverage types under an approved 1115 Waiver from CMS that includes expansion populations. MassHealth members including – Standard, CommonHealth, Family Assistance, Basic, Essential, Limited and others are limited to annual co-payment maximums of $250 for prescription drugs and $36 for non-pharmacy services per beneficiary.

4. Current Medicaid Covered Services – verified as of 10/2019: ***MassHealth Substance Use Treatment Manual:*** Both clinically and medically managed residential/inpatient detoxification, short term and long term residential non-medical treatment, and enhanced detoxification (inpatient, IOP and day hospitalization) for pregnant women are covered services. The following provided by freestanding opioid treatment centers are covered: administration/dispensing of FDA-approved medications for opioid use disorders; individual, group, and family/couples counseling, limited to four sessions (individual, group, or family/couple) per member per week. Covered outpatient counseling services are individual, group, and family/couples counseling; case consultation; and acupuncture detoxification/acupuncture treatments, supportive motivational services; OBOT treatment with buprenorphine, administration of long-acting injectable naltrexone, along with drug testing and supportive behavioral treatments.

Prescription Drug Coverage - PDL Formulary, 10/ 2019: No preauthorization required for Vivitrol, disulfiram, Acamprosate, naltrexone tablets, oral methadone formulations dispensed by OTP's or for any form of naloxone. Suboxone is a preferred drug that does not require PA when prescribed at doses less than or equal to 24-32 mgs per day for the first 90 days and 16 mgs after that. When doses exceed standard MassHealth limits or are prescribed for periods longer than higher doses are permitted, prior authorization criteria are more extensive. For example, preauthorization is required, even for the preferred drugs, under the following conditions: dosage exceeds 32 mg per day; dosage exceeds 24 mg for longer than a 90-day period, or dosage exceeds 16 mg for longer than 180 days. All non-preferred medications that require preauthorization including Zubsolv, Bunavail, Sublocade, Probuphine implants, Subutex or generic mono-formulas, Lucemyra, as well as generic buprenorphine/naloxone products.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 1.5 million (children and adults = 23% of the state population). Total Medicaid spending for 2018 exceeded 17.8 billion.

6. Drug overdose fatality rate for 2016 was 33.0 (per 100,000); rate of fatalities attributed to opioids: 29.7 (per 100,000). Both rates increased by more than 25% from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths decreased to 31.8 or 2,168 deaths. Provisional data suggest overdose death may have increased slightly in 2018.

Michigan has expanded Medicaid eligibility through its 1115 Waiver program.

1. In 2013 ASAM reported: MI responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(requires documentation of counseling)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: all medications used to treat SUDs on Michigan's Medicaid preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* & ***Kaiser State Health Facts*** showed: Michigan Medicaid provided coverage for substance use disorder treatment for categorically and medically needy beneficiaries through capitated payment reimbursement. As of 2014, CMS approved a 1115 waiver under which extends Medicaid coverage for a limited package of benefits to non-pregnant childless adults between the ages of 19 and 64 called the Adult Benefits Waiver. Co-payments for selected services are required and are higher than for the traditional Medicaid population.

4. Verification Medicaid Covered Services as of 2019: ***Michigan Department of Community Health: Medicaid Mental Health and Substance Abuse*** – covered services include: assessment and referral; outpatient treatment; intensive outpatient treatment; methadone as an adjunct to therapy; sub-acute detoxification; MAT in residential treatment and OBOT. An explanation is online of approved work requirements that go into effect in 2020. Some able-bodied Medicaid beneficiaries will be required to engage in broadly defined work activities for up to 80 hours a month, with exceptions (including in prison or jail in the last 6 months, in SUD treatment, domestic violence victims, caretakers of young children, etc.). Michigan Medicaid also issued recent updates re: Copayment Exemption for Drugs to Treat SUDs and the Opioid Health Home Pilot Program.

Prescription Drug Coverage - PDL Common Formulary, 12/2019: Methadone dispensed by OTPs is a covered as a carved out pharmacy benefit (PA required). Providers are required to check state PDMP data prior to prescribing opioid agonist medication-assisted treatment. A 2-week supply of the following preferred drugs maybe prescribed without PA: buprenorphine SL tablets, Zubsolv SL tablets, and Suboxone films at a maximum daily dosage equivalent to 24mgs. Afterward, PA must be obtained for up to one year of treatment. Renewals are reviewed on a case by case basis and should include an ongoing treatment plan, a report on compliance and counseling participation, plus justification for continuation at the maximum daily dose. Other preferred drugs that require PA are: acamprosate, Sublocade, and oral naltrexone. Preferred drugs that do not require PA include disulfiram, Vivitrol, naloxone vails and Narcan (also covered for family members). Bunavail, generic buprenorphine/naloxone and Subutex are non-preferred drugs.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was nearly 2.3 million (children and adults = 22% of the state population). Total Medicaid spending for 2018 exceeded 16.4 billion.

6. Drug overdose fatality rate for 2016 was 24.4 (per 100,000); rate of fatalities attributed to opioids: 18.5 (per 100,000). Rates increased from the previous year by 20% and 38%, respectively. CDC data for 2017 show the rate of reported drug overdose deaths increased to 27.8 per 100,000 or 2,694 deaths. Provisional data suggest overdose deaths may have decreased slightly in 2018.

Minnesota has expanded Medicaid eligibility.

1. In 2013 ASAM reported: MN responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only Acamprosate was excluded from MN's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Minnesota Medicaid covered substance use disorder treatment for categorically and medically needy beneficiaries through fee for service or negotiated reimbursement rates. Minnesota's traditional Medicaid population, disabled adults covered by the optional Medicaid buy-in, childless adults with income at or below 75 percent of the federal poverty level (FPL), children and pregnant women are covered under the MinnesotaCare program. They all receive the same full Medicaid benefits through a CMS approved 1115 waiver. There is a cap on copays equal to 5% of family income for all individuals with income at or below 100 percent of the FPL. Caretakers and parents with incomes up to 215% of the FPL generally receive a lesser benefit package and may be subject to additional co-pays.

4. Current Medicaid Covered Services – verified as of 10/2019: ***Minnesota Department of Health and Human Services website:*** Covered Alcohol and Drug Services lists the following: hospital-based inpatient treatment; room and board only; MAT (reimbursed on a per diem basis and may also be included as an add-on to residential treatment service per diem. MAT may include: Methadone, Methadone Plus; MAT-all other or MAT-all other Plus (Plus programs include a minimum 9 hours of programming weekly). Three new SUD services: comprehensive assessment, treatment coordination, and peer recovery support have been added as of 2019. Methadone and all medication-assisted therapies are covered by contracted providers required to co-ordinate care at daily rates. Recipients who get their MinnesotaCare services through an MCO must work with their MCO to obtain prior authorization for services.

Prescription Drug Coverage - PDL Formulary, July 2019: MN now has a universal PDL that applies to all managed care and fee for service plans. Preferred medications include: naloxone syringe & naloxone vial, Narcan spray (nasal), Suboxone film, and buprenorphine/naloxone SL tablets, which do not require pre-authorization (maximum daily dose is 24mgs). PA is not required for Vivitrol, methadone oral concentrate, oral naltrexone, acamprosate, disulfiram tablets. Non-preferred medications requiring prior authorization: buprenorphine mono formula SL tablets, Zubsolv, Probuphine implants and Sublocade buprenorphine depot injections.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 1 million (children and adults = 18% of the state population). Total Medicaid spending for 2018 exceeded 12.7 billion.

6. Drug overdose fatality rate for 2016 was 12.5 (per 100,000); rate of fatalities attributed to opioids: 7.4 (per 100,000). Both rates increased almost 20% from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased to 13.3 or 733 deaths. Provisional data suggest overdose deaths may have decreased significantly in 2018.

Mississippi has not expanded Medicaid eligibility.

1. In 2013 ASAM reported: MS responses to a survey on coverage of MAT for beneficiaries with substance use disorders were as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated Acamprosate, methadone and extended release injectable naltrexone were excluded from MS's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Mississippi Medicaid covered approved substance abuse drugs for a maximum of 24 months, subject to prescription drug co- pays and limits. Reimbursements for drugs are paid in accordance with prescription drug methodologies; therapies paid on a fee for service basis.

4. Verification Medicaid Covered Services as of 10/2019: ***Mississippi Division of Medicaid website*** lists covered SUD services under Special Mental Health Initiatives. Services include inpatient detox for chemical dependency and a range of outpatient services. MississippiCAN is the Medicaid program for adult beneficiaries which is delivered through 3 managed care plans. Most mental health and substance abuse services require pre-authorization, but at least one managed care plan does not require prior authorization for office-based services. For CHIP beneficiaries up to age 19 substance abuse services are covered without prior authorization. MS is also one of the non-expansion states proposing work requirements through a waiver program, which has been submitted to CMS but is still pending. Because eligibility for Medicaid is restricted to those with incomes at only 27% of poverty level or less, the proposed 20 hour per week work, MS's work requirement has been controversial. It would put the annual income for individuals making minimum wage over the $4,444 limit, but under the income level required to purchase insurance on the exchange and qualify for tax credits, creating a pathway to becoming uninsured.

Prescription Drug Coverage - PDL Formulary, effective 11/2019: Mississippi Medicaid has a universal PDL with the following listed as preferred: naltrexone, Narcan nasal spray and naloxone vials do not require preauthorization. Suboxone and generic buprenorphine/naloxone are preferred with clinical pre-authorization criteria and maximum dose of 24 mg (for up to 60 days) and then 16 mgs. thereafter. An automatic 'SmartPA' authorization is in place for some preferred drugs. Non-preferred medications which require manual pre-authorization include: buprenorphine mono formula tablets (only approved for pregnant women), Bunavail, Zubslov and, Probuphine, Sublocade, Lucemyra, and Vivitrol. Medicaid may cover some the of costs for methadone treatment at OTPs for some beneficiaries.

5. State Medicaid Expenditures: 2015 As of July 2019 Medicaid enrollment was 609,181 (children and adults = 20 % of the state population). Total Medicaid spending for 2018 was nearly 5.3 billion.

6. Drug overdose fatality rate for 2016 was 12.1 (per 100,000); rate of fatalities attributed to opioids: 6.3 (per 100,000). The rate of opioid deaths increased 17% from the previous year. CDC data for 2017 show the rate of drug overdose deaths increased slightly to 12.2 per 100,000 or 354 deaths. Provisional data suggest drug overdose deaths may have decreased slightly in 2018.

Missouri has not expanded Medicaid eligibility.

1. In 2013 ASAM reported: Missouri responses to survey questions regarding Medicaid coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014, SAMHSA's review of Medicaid policies: indicated only Acamprosate was excluded from MO's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Missouri Medicaid covered treatment for beneficiaries with substance use disorders though fee for service reimbursement. Adult coverage for some program benefits is limited to pregnant women and those beneficiaries who are blind or are residing in an institutional setting such as a nursing facility. Services for youth are covered. Copayment requirements are mostly applicable to beneficiaries age 19 and older. Dual eligible beneficiaries are exempt from cost sharing if program payment is limited to coinsurance or deductible amounts. The copay for physician and related services is applicable and any other amounts may payable to hospitals or laboratories for services.

4. Current Medicaid Covered Services – verified as of 10/2019: ***Missouri Division of Behavioral Health website****:* provides information on Comprehensive Substance Treatment and Rehabilitation (CSTAR) Programs are funded by Missouri's Medicaid program through a purchase-of-service system. The continuum of services includes: assessment, community support, day treatment; individual, group and family counseling, inpatient detox, MAT and recovery support. There are also specialized services available for pregnant, postpartum, and parenting women and adolescent early intervention, comprehensive treatment programs for youth 12 to 17 years. A directory of OTPs that accept Medicaid for methadone is available online. Federal opioid crisis funds can subsidize MAT for uninsured individuals. The state's opioid response plan advocates for a 'medication first' approach making timely access to MAT as easy as possible. No documentation of counseling is required.

5. Prescription Drug Coverage - PDL Formulary, 10/2019: The revised PDL for opiate dependence agents list preferred agents as Narcan, naloxone syringe & vials, Suboxone film or buprenorphine/naloxone SL tablets (maximum 24 mg dose), and oral naltrexone and Vivitrol. with one 14-day supply of Suboxone or naltrexone covered without diagnosis. Non-preferred medications are available with pre-authorization including buprenorphine mono formula SL tablets and Subutex (for pregnant women); Bunavail; buprenorphine/naloxone tablets; Zubsolv, Sublocade and Probuphine. Methadone is provided by OTPs. Preauthorization for Narcan has been eliminated.

6. State Medicaid Expenditures: As of July 2019Medicaid was 832,109 (children and adults = 13% of the state population). Total Medicaid spending for 2018 exceeded 10 billion.

7. Drug overdose fatality rate in 2016 was 23.6 (per 100,000); rate of fatalities attributed to opioids: 15.9 (per 100,000). Both rates increased by about a third from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths was stable at 23.4 per 100,000 or 1,367 deaths. Provisional data suggest overdose deaths have increased in 2018.

Montana has expanded Medicaid eligibility through its 1115 Waiver program.

1. In 2013 ASAM reported: MT Medicaid responses to a survey on coverage of MAT for beneficiaries with substance use disorders as follows:

- No public funded coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated Acamprosate, methadone and extended release injectable naltrexone were excluded from MT's Medicaid preferred drug list.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Montana Medicaid covers substance abuse services in state approved facilities, with prior authorization required for specific services, through fee for services reimbursement. Traditional Medicaid population and an optional buy-in program for disabled adults have a full benefits package. The State extends Medicaid benefits as well as a limited package of optional services to adults between the ages of 21 and 64 who are parents and caretaker relatives of dependent children.

4. Current Medicaid Covered Services – verified as of 10/2019: ***Montana Medicaid Member Guide:***. The following services are covered: medically monitored intensive inpatient, clinically managed high-intensity residential; clinically managed low-intensity residential; partial hospitalization; intensive outpatient therapy; outpatient therapy; IOP, biopsychosocial assessment; screening, brief intervention, and referral to treatment; drug testing; targeted case managements and screening and assessment. Effective May 2018, pre-authorization as only required for medically necessary inpatient services. Services are subject to coverage limits. According to a 2017 report by the Montana Health Care Foundation, the state has only four OTPs that dispense methadone and have just begun to bill Medicaid for some, but not all of their services. Some services may only be billed by State-approved facilities according to set fee schedules. Montana had submitted a waiver to CMS to add work requirements of up 80 hours per week for some beneficiaries but it is still pending.

5. Prescription Drug Coverage - PDL, 9/2019: Preferred medications for OUD are listed as: Narcan nasal spray and naloxone vial & syringe and oral naltrexone, (do not require preauthorization). Suboxone film is preferred, but prior authorization of clinical criteria is required. Non-preferred dugs include: buprenorphine mono formula SL tablets, Zubsolv, Bunavail, and Lucemyra (clinical criteria and quantity limits apply). Physician administered drugs that require PA include Sublocade. Maximum buprenorphine dose is 24 mg for the first 6 months with participation in counseling required. Additional 6-month approvals are for 16 mg maximum dosage. There is no information on Vivitrol included on the 2019 PDL or on drugs used to treat AUD.

6. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 267,874 (children and adults = 16 % of the state population). Total Medicaid spending for 2018 exceeded 1.8 billion.

7. Drug overdose fatality rate for 2016 was 11.7 (per 100,000); rate of fatalities attributed to opioids: 4.2 (per 100,000). Both rates decreased by about 15% from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths stable at 11.7 or 119 deaths. Provisional data suggest overdose death may have increased slightly in 2018.

Nebraska voters approved an expansion ballot measure in November 2018. The state submitted a plan amendment for expansion in April 2019, which would begin implementation in October 2020. There have been legal challenges attempting to move the implementation timeline forward.

In 2013 ASAM reported: Nebraska Medicaid website indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance with some SAPT Block grant funding
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated methadone and extended release injectable naltrexone were excluded from NE's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Nebraska Medicaid provided coverage for substance use disorder treatment for categorically and medically needy beneficiaries through fee for service reimbursement with required $2 co-pay per visit for specified services. Any identified copayment requirements are applicable to beneficiaries age 19 and older.

4. Current Medicaid Covered Services – verified as of 2019: ***Nebraska Medicaid Mental Health and Substance Abuse Provider Handbook:*** Covered services include: substance abuse counseling: individual, group and family psychotherapy or substance abuse counseling, medication management, outpatient therapy (individual, family or group), substance use disorder (SUD) and opioid use disorder (OUD) treatment, peer support services, day treatment/intensive outpatient, dual-disorder residential, intermediate and short-term residential (SUD) and halfway houses. Pre-authorization is not required for most outpatient services. Services are generally covered for only for Medicaid eligible groups such as youth and pregnant women; however, that will change when expansion is implemented. Most Medicaid SUD services are currently delivered through a contracted MCO (Magellan).

Prescription Drug Coverage - PDL Formulary, 10/2019: Preferred agents (including Suboxone) do not require PA. Other preferred drugs include oral naltrexone, acamprosate, naloxone tablets, Vivitrol injections, naloxone and Narcan nasal spray. Non-preferred drugs that require pre-authorization annually are: Buprenorphine mono formula SL tablets, Bunavail, Zubsolv, Lucemyra disulfiram and methadone oral concentrates. An informed consent form is required from patients initiating treatment with buprenorphine

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 241,525 (children and adults = 13% of the state population). Total Medicaid spending for 2018 exceeded 2.1 billion.

6. Drug overdose fatality rate for 2016 was among the lowest in the nation at 6.4 (per 100,000); rate of fatalities attributed to opioids: 2.4 (per 100,000). Both rates have decreased from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased to 8.1 per 100,000 or 152 deaths. Provisional data suggest drug overdose deaths may have decreases slightly in 2018.

Nevada has expanded Medicaid eligibility.

1. In 2013 ASAM reported: Nevada Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

4. Medicaid coverage for methadone maintenance
5. Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
6. Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only extended release injectable naltrexone was excluded from NV's Medicaid preferred drug list. Other approved medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Nevada Medicaid covered treatment for beneficiaries with substance use disorders through fee for services reimbursement.

4. Current Medicaid Covered Services – verified as of 2019: ***Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorder*****,** List services covered by Medicaid fee-for-service and all managed care plans,. Some of which require clinical pre-authorization and are subject to quantity limits: individual, family and group therapy; therapy in home or community settings; skills training & development; psychosocial rehabilitation and self-help/peer support. SBIRT is covered without pre-approval. Inpatient and outpatient detoxification is covered within limits with clinical pre-authorization. Medication-assisted treatment including direct observation of oral medications (including methadone) to treat opioid dependence/withdrawal given requires pre-authorization and is covered within quantity limits.

Prescription Drug Coverage - PDL Formulary, 10/2019: Suboxone, Bunavail, Zubsolv, Vivitrol, and Sublocade are all listed as preferred agents for substance abuse treatment, but all require preauthorization. Narcan nasal spray and naloxone vial and syringe are preferred drugs that do not require pre-authorization. Acamprosate and methadone are non-preferred covered by all plans with pre-authorization criteria. Drugs administered in places such as physician's office and outpatient clinics are not subject to PDL requirements.

5. State Medicaid Expenditures: 2015 As of July 2019 Medicaid enrollment was 632,863 (children and adults = 20% of the state population). Total Medicaid spending for 2018 was nearly 4 billion.

6. Drug overdose fatality rate for 2016 was 21.7: (per 100,000); rate of fatalities attributed to opioids: 13.3 (per 100,000). Drug overdose death rates increased slightly from the previous year, while opioid deaths decreased slightly. CDC data for 2017show the rate of reported drug overdose deaths stable at 21.6 per 100,000 or 646 deaths. Provisional data suggests drug overdose deaths increased in 2018.

New Hampshire has expanded Medicaid eligibility through its 1115 Waiver program.

1. In 2013 ASAM reported: New Hampshire Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on the NH Medicaid preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* & ***Kaiser State Health Facts*** showed: NH Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services reimbursement. Ambulatory detox services were not covered. The prescription copayment requirement applies to beneficiaries age 18 and older.

4. Current Medicaid Covered Services – verified 10/2019: ***NH Department of Health and Human Services Issue Brief:*** NH Substance Use Disorder Treatment System - Services may be covered through the New Hampshire Health Protection Program, NH's alternative managed care plan that covers the expansion population, or traditional Medicaid. Plans cover a continuum of care that includes: screening; evaluation (assessment); withdrawal management (detoxification) within acute care settings; treatment with methadone at OTPs; individual, group and family counseling; crisis intervention; SBIRT; treatment with buprenorphine at OTPs or office-based MAT from a primary care provider; intensive outpatient; partial hospitalization; residential rehabilitation; medically-monitored withdrawal management (residential and ambulatory); individual and group peer and non-peer recovery supports, and continuous recovery monitoring. In May of 2018 CMS approved a work Medicaid requirement which was set aside by court order in July of 2019. Efforts to implement work requirement appear to have been abandoned at this time.

Prescription Drug Coverage - PDL Formulary, 2019: Both preferred and non-preferred medications for OUDs are subject to quantity limits, but they are listed on the PDL as not requiring pre-authorization (Suboxone, generic buprenorphine mono formula SL tablets, generic buprenorphine/naloxone SL tablets, and Vivitrol are listed as preferred ; non-preferred medications are: Bunavail and Zubsolv). The managed care plans that cover most of the expansion population have online drug look up formularies. They list that list acamprosate, disulfiram, oral naltrexone tablets, Narcan and naloxone vials as preferred, not requiring pre-authorization. However, clinical PA requirements are listed for all buprenorphine formulations. Methadone oral concentrate is covered with pre-authorization and co-pays apply.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 179,139 (children and adults = 13% of the state population). Total Medicaid spending for 2018 exceeded 2.1 billion.

5. Drug overdose fatality rate for 2016 is projected at: 39.0 (per 100,000); rate of fatalities attributed to opioids: 35.8 (per 100,000). Both rates increased 14% since the previous year. CDC data for 2017show the rate of reported drug overdose deaths decreased to 37.0 per 100,00 or 467 deaths. Provisional data suggest overdose deaths have continued to decreased in 2018.

New Jersey has expanded Medicaid eligibility.

1. In 2013 ASAM reported: New Jersey Medicaid website indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone was limited

2. In 2014 SAMHSA's review of Medicaid policies: indicated only extended release injectable naltrexone was excluded from NJ's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: New Jersey Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services reimbursement. Under a CMS approved 1115 waiver the state offers NJ FamilyCare, which covers parents and caretaker relatives of Medicaid and CHIP-eligible children with income at or below 200% of the federal poverty level (FPL) and extends coverage to pregnant women with income between 185% and 200% of the FPL. Under the waiver, pregnant women receive full Medicaid benefits. Children in families with income between 200% and 350% of the FPL as well as parents and caretakers with income above 150 % of the FPL can buy in to the program.

4. Current Medicaid Covered Services – as of 10/2019: ***NJ Department of Human Service website:*** New Jersey's announced additional covered SUD services including: outpatient individual, group and family therapy; partial hospitalization day programs, hospital-based acute services, IOP treatment, inpatient medically managed detox/ withdrawal Management (hospital); short-term residential treatment; non-hospital medically monitored detox; ambulatory withdrawal management and MAT. In 2016, the State began offering weekly bundled rates for methadone and buprenorphine delivered at OTPs, which cover medication, case management, medication dispensing, counseling and medication monitoring. Oral naltrexone and Vivitrol continues to be reimbursed by Medicaid through fee for services initiatives.

Prescription Drug Coverage - PDL Formulary, 10/2019: Medicaid managed care plans have formularies/PDLs that may differ slightly, and coverage should be considered when selecting plans. Methadone oral solution is listed as covered subject to quantity limits and prior authorization. Preferred medications not requiring pre-authorization are listed as: Suboxone, buprenorphine/naloxone SL tablets, buprenorphine mono formula SL tablets, Sublocade, Acamprosate, disulfiram, Vivitrol, oral naltrexone, naloxone and Narcan (quantity limits may apply).

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was nearly 1.7 million (children and adults = 18% of the state population). Total Medicaid spending for 2018 exceeded 15 billion.

6. Drug overdose fatality rate for 2016 was 23.2 (per 100,000); rate of fatalities attributed to opioids: 16.0 (per 100,000); rates increased from the previous year by 42% and 63%, respectively. CDC data for 2017 show the rate of reported drug overdose deaths increased to 30.0 per 100,000 or 2,685 deaths. Provisional data suggest overdose deaths increased in 2018.

New Mexico has expanded Medicaid eligibility.

1. In 2013 ASAM reported: New Mexico Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated both methadone and extended release injectable naltrexone were excluded from NM's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were included.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: New Mexico Medicaid covered treatment for beneficiaries with substance use disorders through fee for services reimbursement with pre-authorization required after seven visits and co-pays ranging from $ 0-7.00 per visit.
The State's 1115 waiver program covers parents of Medicaid and CHIP eligible children as well as childless adults between the ages of 19 and 64. These adults receive a benefit package similar to basic commercial coverage, which is more limited than the traditional Medicaid package, with copayments for some services. There is an optional Medicaid buy-in group for disabled adults.

4. Current Medicaid Covered Services – verified as of 10/2019: NM Department of Human Services website: As of 2014, Medicaid began covering medication-assisted treatment for opioid addiction at certified OTPs, along with the initial medical examination for beneficiaries meeting clinical criteria. Specified criteria for maintenance treatment include: addicted for at least 12 months prior to starting MAT (unless pregnant, released from a penal institution within the last six months, or prior treatment for opioid dependence within the last 24 months). Recipients with two or more unsuccessful opioid withdrawal treatment episodes within a 12-month period requesting long-term or short-term opioid agonist treatment must be assessed by the provider's medical director or physician to determine if other forms of treatment may be appropriate. Reimbursement includes the cost of methadone, administering and dispensing methadone or other agonist drugs, substance abuse and HIV counseling and other services performed by the agency, unless otherwise described. In July of 2017, Medicaid expanded coverage of prescribed Narcan kits to people at-risk for opioid overdose and implemented a Hub & Spokes model to increase access to all forms of MAT for OUD.

Prescription Drug Coverage - PDLs, 10/2019: NM Medicaid involves several managed care plans, and currently they all have different PDLs. After a review of four of them, it appears preferred drugs across plans, that may not require PA, generally include disulfiram, naloxone and Narcan nasal spray, oral naltrexone tablets, buprenorphine formulations, and acamprosate (subject to quantity limits). Generally, non-preferred agents include Bunavail and Zubsolv, methadone concentrates, and Vivitrol, which may require prior authorization and are subject to quantity limits. Maximum buprenorphine dosages are between 24 and 32 mgs. across plans. Coverage, dosage maximums and PA requirements may be factors to consider when selecting a plan.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 730,037 (children and adults = 34% of the state population). Total Medicaid spending for 2018 exceeded 5.1 billion.

6. Drug overdose fatality rate for 2016 was 25.2 (per 100,000); rate of fatalities attributed to opioids: 17.5 (per 100,000). Rates were stable or decreased slightly from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths decreases slightly to 24.8 per 100,000 or 493 deaths. Provisional data suggests drug overdose deaths have increased in 2018.

New York has expanded Medicaid eligibility.

1. In 2013 ASAM reported: New York Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated methadone and extended release injectable naltrexone were excluded from NY's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: New York Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services reimbursement. In 2014, CMS approved a 1115 waiver which extends health care coverage to low-income adults covered under the former state-funded cash assistance safety net program and moved most Medicaid beneficiaries from a primarily fee for service delivery system to a mandatory managed care environment.

4. Current Medicaid Covered Services – verified as of 10/2019: ***NY Office of Alcohol and Substance Abuse Services website:*** As of 2016, new fee for service and managed care plans cover: withdrawal and stabilization services; inpatient rehabilitation; outpatient clinic/rehab and OTPs; residential rehabilitation for youth, and medication-assisted treatment (specifically with methadone, buprenorphine, and Vivitrol).

Prescription Drug Coverage - PDL Formulary, 10/2019: In 8/2016, the state enacted changes to Social Services Law section 364-j, and Public Health Law section 273. Medicaid Fee-for-Service and Medicaid Managed Care cannot require prior authorization for initial or renewal prescriptions for preferred or formulary buprenorphine product or injectable naltrexone when used for detoxification or maintenance treatment of opioid addiction. Suboxone and buprenorphine mono formula SL tablets, buprenorphine/naloxone SL tablets and oral naltrexone are listed as preferred agents; all are subject to quantity limits. Methadone oral concentrate; disulfiram and Acamprosate, and are available with pre-authorization. Narcan nasal spray, naloxone vials, and oral naltrexone are listed as preferred drugs without pre-authorization required. The state has several MMC plans, but an online look-up is available to compare drug coverage across plans which may vary and should be considered when selecting plans.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 65 million (children and adults = 33% of the state population). Total Medicaid spending for 2018 was nearly 74.8 billion.

6. Drug overdose fatality rate for 2016 was 18.0 per 100,000; rate of fatalities attributed to opioids: 15.1 (per 100,000). Rates increased by more than a third from the previous year. CDC data for 2017 show the rate of reported drug overdose increased to 19.4 per 100,00 or 3,921 deaths. Provisional data suggest overdose deaths have decreased in 2018.

North Carolina has not expanded Medicaid eligibility.

1. In ASAM reported in 2013: North Carolina Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone was limited

2. In 2014 SAMHSA's review of Medicaid policies: indicated **o**nly extended release injectable naltrexone was excluded from NC's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. In 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: North Carolina Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services and capitated rate reimbursement, with a limit of eight ambulatory visits.

5. Current Medicaid Covered Services— ***NC Division of Medical Assistance: Enhanced Substance Abuse Services Amended Date: August 1, 2019*** covered services were expanded to include: diagnostic assessment, mobile crisis management, community support teams, peer support and targeted case management. Comprehensive outpatient and IOP; medically monitored residential treatment, and non-medical residential treatment are also covered, along with ambulatory detoxification; non-hospital medical detoxification; medically supervised detoxification/crisis stabilization, and outpatient opioid treatment (includes methadone or buprenorphine administration and maintenance). The state has not purposed work requirements after an analysis of the current covered traditional Medicaid-eligible population indicated many beneficiaries would be unable to participate in work activities.

Prescription Drug Coverage - PDL Formulary, as of 10/2019: Preferred drugs listed include: Vivitrol, naltrexone (oral), naloxone syringe & vial, Narcan nasal spray, Suboxone and Sublocade. Prior approval is not required for patients who meet clinical criteria. Sublocade requires at least 7 days of oral buprenorphine; 2 initial monthly injections of 300mg are covered, with 100mg monthly injections for maintenance). Maximum dose of buprenorphine products is 16mgs with a point of sale override by the pharmacist permitted for dosages up to 24mgs with prescriber consultation. Non-preferred medications that require pre-approval are: Bunavail; buprenorphine mono formula SL tablets, buprenorphine/ naloxone generic film, and Zubsolv (criteria may include failure on two preferred agents, documentation of pregnancy, or an allergy to naloxone). Approval is for 12 months, but only 9 months for pregnant women with PA renewals every 2 months post-partum. Methadone provided by OTPs is covered.

4. State Medicaid Expenditures: As of July 2019 Medicaid enrollment exceeded 2 million (children and adults = 19% of the state population). Total Medicaid spending for 2018 exceeded 13.5 billion.

5. Drug overdose fatality rate in for 2016 was 19.7 (per 100,000); rate of fatalities attributed to opioids: 15.4 (per 100,000). Both rates increased from the previous year by 25% and 29%, respectively. CDC data for 2017 show the rate of reported drug overdose deaths increased to 24.1 per 100,000 or 2,414 deaths. Provisional data suggest overdose deaths may have decreased slightly in 2018.

North Dakota has expanded Medicaid eligibility.

1. In 2013 ASAM reported: North Dakota Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- No public funding or Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated both methadone and extended release injectable naltrexone were excluded from ND's Medicaid preferred drug list.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: North Dakota Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services. In 2014, the State began to offer managed care program coverage with full benefits to the 'expansion' population in addition to tradition Medicaid.

4. Current Medicaid Covered Services – verified as of 10/2019: ***North Dakota Medicaid Nov 2018 News Release:*** ND has proposed several changes to simplify its coverage of addiction treatment including reimbursing for services provided in residential programs, excluding room and board costs. Standards for OTP's were updated to ensure appropriate access to all FDA approved mediations for treating addiction for an indeterminate length of time, as long as the physician deems it clinically appropriate and patient is compliant. **Medicaid Member Handbook:** Medicaid managed care covered services include office visits to physicians, nurse practitioners, physician assistants, clinical psychologists, licensed clinical social workers, licensed chemical dependency counselors and intensive outpatient/partial hospitalization programs (day treatment) with minimal co-pays.

5. Prescription Drug Coverage - PDL Formulary, 10/2019: Preferred drugs that do not require PA include Vivitrol, disulfiram, acamprosate, naloxone syringe & vials and Narcan. Pre-authorization is required for preferred and non-preferred buprenorphine formulations. Criteria include age 16 and over, no concurrent opioids prescribed, a treatment plan in place and checking of PDMP data. Zubslov and generic buprenorphine/naloxone SL tablets, Sublocade and Probuphine are preferred. Non preferred drugs (Suboxone and Bunavail) require PA after a 30-day trial of preferred drug (except buprenorphine mono formulas during pregnancy), with a maximum dosage equivalent to 24mgs. Oral naltrexone and methadone are covered but require pre-authorization and minimal co-pays.

6. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 89,895 (children and adults = almost 12% of the state population). Total Medicaid spending for 2018 exceeded 1.2 billion.

7. Drug overdose fatality rate for 2016 was 10.6 (per 100,000); rate of fatalities attributed to opioids: 7.6 (per 100,000). Both rates increased from the previous year 23% and 58%, respectively. CDC data for 2017 show the rate of reported drug overdose deaths decreased to 9.2 per 100,000 or 68 deaths. Provisional data suggest overdose deaths remained stable in 2018.

Ohio has expanded Medicaid eligibility.

1. In 2013 ASAM reported: Ohio Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on Ohio's Medicaid preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Ohio Medicaid covered treatment for beneficiaries with substance use disorders through cost-based payment reimbursement.

4. Current Medicaid Covered Services – verified as of 10/2019: ***Ohio Department of Medicaid website****:* Medicaid reimbursement for SUD treatment includes the following services: ambulatory detoxification, assessment, case management; laboratory testing, medical services, rehabilitative services such as individual, group and family counseling, and opioid agonist administration. Prior authorization is required for inpatient detoxification, residential treatment and OUD treatment including MAT. The Alcohol and Drug Services webpage explicitly lists Medicaid coverage for methadone administration, buprenorphine induction, and injections of naltrexone. The State of Ohio Board of Pharmacy issued a policy to expand access to naloxone by allowing overdose prevention programs to supply it through the mail and by awarding funds to 17 local health departments to expand naloxone access to 23 underserved areas. To improve access the State of Ohio Board of Pharmacy developed rules permitting pharmacists to administer long-acting, non-narcotic medication-assisted treatment at pharmacies.

Prescription Drug Coverage – PDL as of 10/2019: Preferred agents available without prior authorization are listed online. As of 6/2019 they include acamprosate, disulfiram, Narcan, oral naltrexone, Vivitrol, buprenorphine/naloxone SL tablets, Bunavail, Suboxone and Zubsolv (dosage maximum equivalent to 16 mgs without prior authorization for higher dose up to 24 mgs.) Methadone oral concentrate/solutions are listed as non-preferred drugs that require pre-authorization. Buprenorphine mono formula SL tablets are non-preferred medications, also requiring pre- authorization. Methadone provided by OTPs is covered.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was over 2.6 million (children and adults = 21% of the state population). Total Medicaid spending for 2018 was nearly 22 billion.

6. Drug overdose fatality rate for 2016 was 39.1 (per 100,000); rate of fatalities attributed to opioids: 32.9 (per 100,000). Both rates increased by nearly a third from the previous year. CDC data for 2017 show the rate of reported overdose deaths increase to 46.3 per 100,000 or 5,111 deaths. Provisional data suggest overdose deaths may have decreased significantly in 2018.

Oklahoma has not expanded Medicaid eligibility.

1. In 2013 ASAM reported: Oklahoma Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- No Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only methadone was excluded from OK's Medicaid preferred drug list. Medications to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Oklahoma Medicaid covered treatment for beneficiaries with substance use disorders through a fee for services or all-inclusive daily rate. Service limitations vary by type of treatment. As of 2014, a CMS approved 1115 waiver authorized the State's SoonerCare program, which currently delivers enhanced primary care case management through a Patient-Centered Medical Home model. Members receive full benefits with cost sharing required, except from pregnant beneficiaries. It also authorizes the Insure Oklahoma program which expanded coverage by providing premium assistance to uninsured adults and college students and direct coverage to select uninsured adults. Medical benefits under the Insure Oklahoma program are more limited with higher co-pays.

4. Current Medicaid Covered Services – verified 10/2019: ***OK Health Care Authority website*** states that contracted substance abuse **s**ervices are provided by the Department of Mental Health Substance Abuse Services (ODMHSAS). Their webpage on substance abuse services has very little information about treatment. It specifies the following services are available: peer support services (for MH & SUDs), drug courts and DUI classes. However, the OK Healthcare Authority lists SUD services and providers that deliver inpatient acute care, outpatient services; residential treatment; halfway treatment programs; outpatient and medically managed detoxification services; and residential treatment for women, pregnant women, and adolescents. There is no mention of opioid treatment programs and methadone is excluded from formularies.

Prescription Drug Coverage - PDL Formulary, 2018: All drugs used to treat SUD require prior authorization. Buprenorphine/naloxone SL tablets, Zubsolv, Narcan, and naloxone are listed as is listed as a preferred medication available with documentation of clinical criteria at a maximum dose of 24 mgs daily. Request for higher dosages are considered on a case by case basis for 30 days with a taper schedule). Suboxone, Zubsolv, Bunavail and Subutex are non-preferred medications – approval may be requested for up to 90 days.

5. State Medicaid Expenditures: As of July 2019 Medicaid enrollment was 782,645 (children and adults = 17% of the state population). Total Medicaid spending for 2018 exceed 4.7 billion.

6. Drug overdose fatality rate for 2016 was 21.5 (per 100,000); rate of fatalities attributed to opioids: 11.6 (per 100,000). Rates increased slightly since the previous year. CDC data for 2017 show the rate of reported overdose deaths decreased to 20.1 or 775 deaths. Provisional data suggests overdose deaths continued to decrease in 2018.

Oregon has expanded Medicaid eligibility.

1. In 2013 ASAM reported: Oregon Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated extended release injectable naltrexone was excluded from OR's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Oregon Medicaid covered treatment for beneficiaries with substance use disorders through fee for service or negotiated rate reimbursement. Specific procedures may require pre-approval and co-pay of $3 per visit. The State offers expanded coverage at a variety of levels through the Oregon Health Plan under a CMS approved 1115 waiver.

4. Current Medicaid Covered Services – verified 10/2019: ***Medication-Assisted Treatment and Recovery (MATR) webpage:*** Opioid Treatment Program services are covered with pre-authorization after review of documentation. Clinical criteria may include: one year history continuous physical dependence on narcotics or opiates and documentation that medically supervised withdrawal has proven ineffective (except for people released from custody in the last 6 months, those with a documented history of narcotic addiction in danger of relapse, and pregnant women). Required services include counseling, medical care, and transitional care for patients tapering off opioid agonist medications. Transitional treatment should help prepare the patient to begin a reduction in opioid agonist medication dosage and shall be continued while the patient undergoes reduction in doses. The treatment shall continue following the final dose of opioid agonist medication, consistent with clinical needs.

Prescription Drug Coverage – Oregon PDL Formulary, 9/2019: Preferred buprenorphine formulations that require pre-authorization and renewal every 6 months include: buprenorphine mono and buprenorphine/naloxone SL tablets, Zubsolv and Suboxone. Dosages that exceed 24 mgs also require prior authorization. Acamprosate, Vivitrol, oral naltrexone Narcan, naloxone vial & syringes do not require PA. Probuphine implants require PA that includes criteria that the patients is stable on a dosage of 8 mgs of an oral formulation; Sublocade requires at least 7 days and that the prescriber has completed the REMS, but may be covered by the Oregon Health Plan. Methadone provided by OTPs is covered. Documentation of participation in counseling and a review of PDMP data is required.

5. State Medicaid Expenditures: As of August 2019, total Medicaid enrollment was 981,102 (children and adults = 24% of the state population). Total Medicaid spending for 2018 was nearly 9 billion.

6. Drug overdose fatality rate for 2016 was: 11.9 (per 100,000); rate of fatalities attributed to opioids: 7.6 (per 100,000). Rates have decreased slightly from previous 2 years. CDC data for 2017 show the rate of reported overdose deaths increased to 12.4 or 530 deaths. Provisional data suggests overdose deaths continued to increase in 2018.

Pennsylvania has expanded Medicaid eligibility.

1. In 2013 ASAM reported: Pennsylvania Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on PA's Medicaid preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: PA Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services reimbursement. Most SUD treatment services are provided by Medicaid Managed Care contracted organizations. Some limitations apply for certain services and may require co-pays. An optional Medicaid buy-in group of disabled/formerly disabled adults is covered but benefit plans may differ. Copays apply to beneficiaries age 18 and older.

4. Current Medicaid Covered Services – as of 10/2019: ***PA Behavioral Health Services Contract Standards and Requirements for Medicaid MCOs:*** Required services include: diagnostic, assessment, referral, and treatment (patient placement according ASAM criteria). Each county contracts with an MCO to deliver a full continuum of treatment to Medicaid beneficiaries mandated by state law. Buprenorphine formulations can be dispensed without prior authorization for at least 5-days (once during a six-month period). Documentation for approval of ongoing treatment includes history of opioid dependence, active withdrawal, and a documented history of therapeutic failure. Vivitrol approval requires referral to a substance abuse treatment program, or appropriate levels of counseling for alcohol or opioid dependency, plus a negative test for recent opioid use. The Governor of Pennsylvania announced as of March 2018, Medicaid pre-certification requirements for medications that are FDA-approved and considered "evidence-based" treatments for opioid addiction will be lifted and pledged to ask private insurers to do the same.

Prescription Drug Coverage - PDL Formulary, 10/2019: Preferred medications that do not require PA include: buprenorphine/naloxone SL tablets, Suboxone, Narcan, naloxone, and Vivitrol. Buprenorphine mono formula SL tablets, Sublocade, and Probuphine implants require PA; documentation of medical necessity is required for buprenorphine mono formula, and for dosages that exceed quantity limits, and patients also prescribed benzodiazepines. Quantity limits are listed for each product, but the maximum appears to be equivalent to 16 mgs. The following are listed as non-preferred drugs acamprosate, disulfiram, Bunavail, and Zubsolv. Methadone provided by OTPs is covered.

5. State Medicaid Expenditures: As of August 2016, total Medicaid enrollment exceeded 2.9 million (children and adults = 23% of the state population). Total Medicaid spending for 2018 exceeded 30 billion.

6. Drug overdose fatality rate for 2016 was 37.9 (per 100,000); rate of fatalities attributed to opioids: 18.5 (per 100,000). Rates increased 44% and 65% respectively from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased to 44.3 or 5,388 deaths. Provisional data for 2018 suggest a significant decrease in overdose fatalities.

Rhode Island has expanded Medicaid eligibility.

1. In 2013 ASAM reported: according to Rhode Island's Medicaid website coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only extended release injectable naltrexone was excluded from RI's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: RI Medicaid covered substance use disorder treatment services through a negotiated rate reimbursement. Rhode Island has a CMS approved 1115 waiver under which the State extended Medicaid eligibility to a number of previously uninsured individuals in its Rhode Island RIte Care and RIte Share programs, each with several benefit components for different groups at different income levels.

4. Current Medicaid Covered Services – verified as of 2017: ***According to the RI Medicaid website:*** Covered alcohol and/or drug services include: methadone administration and/or service (1 unit per week) with no co-pays required for services. Managed care plans list the following covered services: substance abuse outpatient; substance abuse inpatient, and community-based narcotic treatment; community-based detoxification, and residential substance abuse treatment.

Prescription Drug Coverage - PDL Formulary, June 2018: No pre-authorization is required for up to 1 year of treatment for opioid dependence with preferred medications including: Suboxone film, naltrexone (oral), or buprenorphine mono formula SL tablets. Naloxone syringe & vial and Narcan nasal spray are also preferred. Pre-authorization is required for Vivitrol, Zubsolv, buprenorphine/ naloxone SL tablets, Sublocade buprenorphine depot injections and Probuphine implants. Documentation of medical necessity is required for buprenorphine mono formula, for dosages that exceed quantity limits, and for patients also prescribed benzodiazepines. Quantity limits are listed for each product, but the maximum appears to be equivalent to 16 mgs. The following are listed as non-preferred drugs with additional pre-approval criteria: acamprosate, disulfiram, Vivitrol, buprenorphine/naloxone SL tablets, Bunavail, Zubsolv, Sublocade depot injections and Probuphine implants. Methadone provided by OTPs is covered.

5. State Medicaid Expenditures: As of August 2019, total Medicaid enrollment was 300,392 (children and adults = 28% of the state population). Total Medicaid spending for 2018 exceeded 2.6 billion.

5. Drug overdose fatality rate in 2016 was: 30.8 (per 100,000); rate of fatalities attributed to opioids: 26.7 (per 100,000). Both rates were up 9% and 14%, respectively from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths at 30.0 or 320 deaths. Provisional data for 2018 suggest overdose deaths are continuing to increase.

South Carolina has not expanded Medicaid eligibility.

1. In 2013 ASAM reported: South Carolina Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- No Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated both methadone and extended release injectable naltrexone were excluded from SC's Medicaid preferred drug list.

3. For 2012 Kaiser *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: SC Medicaid covered treatment for beneficiaries with substance use disorders at approved centers through fee for services reimbursement. Qualifying beneficiaries receive services through contracted managed care organizations, most of which offer additional services and do not charge copayments.

4. Current Medicaid Covered Services –verified as of 2019: ***SC Department of Alcohol and other Drug Abuse Services website****:* "The primary source of funding for prevention and treatment programs managed by the department is the SAPT Block Grant." Listed services are outpatient and intensive outpatient treatment, halfway houses, social detoxification, freestanding medical detoxification, residential treatment, inpatient treatment, and day treatment. Alcohol drug abuse services for the state's Medicaid-eligible population are provided by an MCO, which states medically necessary services needed to prevent, diagnose or treat a mental health and or substance use disorder are provided in hospitals, residential facilities, and community outpatient clinics. The member handbook states substance abuse treatment is provided by the Department of Alcohol and Other Drug Abuse Services ; however, some services require PA. Effective January 2018, selected medication-assisted treatment services via telemedicine will be covered. Methadone treatment does not appear to be covered. Early in 2018, the governor directed Medicaid to seek permission to impose work requirements. However, an estimated 83% of the state's Medicaid beneficiaries are elderly, disabled or caring for disabled children.

Prescription Drug Coverage - PDL July 2019: Buprenorphine/naloxone SL tablets and Suboxone are covered without PA for doses up to 24 mgs daily, as is Vivitrol. Buprenorphine monotherapy requires PA 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. Initial authorization for Sublocade or Probuphine implants requires PA that document patients meet clinical criteria may be submitted for a period of at least six months. Narcan and naloxone for emergency treatment do not require PA. A search of the SC Medicaid online prescription drug look-up (inclusion of a medication is not a reflection of coverage) lists oral naltrexone and disulfiram as requiring no PA (some are subject to quantity and age limits). Methadone oral concentrate and acamprosate were not included.

5. State Medicaid Expenditures: 2015 Medicaid Utilization was 1 million (children and adults = 20% of the state population). Total Medicaid spending for 2018 was 6.2 billion.

6. Drug overdose fatality rate for 2016 was 18.1 (per 100,000); overdose rates increased 15% over the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased to 20.1 or 1.008 deaths. Provisional data for 2018 suggest fatality rates are continuing to increase.

South Dakota has not expanded Medicaid eligibility.

1. In 2013 ASAM reported: South Dakota Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- No Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only methadone was excluded from SD's Medicaid preferred drug list. Medicaid covered drugs used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: SD Medicaid covered treatment for beneficiaries with substance use disorders through a prospective cost-based rate, with substance abuse services reimbursement for pregnant women only.

4. Current Medicaid Covered Services – verified as of 10/2019: ***South Dakota Medicaid Handbook*** Covered telemedicine services listed are: alcohol/substance abuse structured assessment and brief intervention; alcohol/substance abuse structured assessment and intervention and brief alcohol misuse counseling. The Managed Care Medicaid program lists the following services as covered with pre-authorization within coverage limits: clinically managed low intensity residential treatment for pregnant adolescents or adolescents with dependent children (9 months during a 12 month period); short term relapse programs for adolescents (18 days); substance use disorder psychiatric residential treatment for adolescents (45 days); day treatment for adolescents (30 days); intensive inpatient treatment for pregnant women (45 days), and day treatment for pregnant women (30 days). Outpatient services are available without a referral.

Prescription Drug Coverage - PDL Formulary, as of 10/2019, SD Medicaid requires PA for preferred products including generic buprenorphine-naloxone SL tablets, Zusolv, Sublocade depot injections and Probuphine implants. Vivitrol is the only MAT medication that does not require PA. Non preferred drugs also require PA: Suboxone, Bunavail, and buprenorphine mono formula sublingual SL tablets (only for pregnant women). Narcan, naloxone vials, acamprosate and disulfiram do not require PA. The state Medicaid uses OptimumRx to process pharmacy claims and PAs. OptimumRx PA requirements include verification of clinical criteria , approval of the requested starting dosage, as well as verification the patient is in a program, drug tested regularly and PDMP data has been reviewed. Methadone treatment is not covered.

5. State Medicaid Expenditures: As of August 2019, total Medicaid enrollment was 115,573 (children and adults = 13% of the state population). Total Medicaid spending for 2018 was 874.8 million.

6. **Drug overdose fatality rate** for 2016 was 8.4 (per 100,000); rate of fatalities attributed to opioids: 5.0 (per 100,000). The all overdose death rate was flat, but a 43% increase in opioid deaths from the previous year was reported. CDC data for 2017 show the rate of reported drug overdose deaths at 8.5 or 73 deaths. Provisional data for 2018 suggest a decrease in overdose fatalities.

Tennessee has not expanded Medicaid eligibility.

1. In 2013 ASAM reported: Oklahoma Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- No Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only methadone was excluded from TN's Medicaid preferred drug list. Medicaid covered drugs used to treat alcohol use disorders.

3. For 2012 Kaiser *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: As of 2014, the TennCare program has offered plans with different reimbursement methodologies and co-pay requirements. The traditional Medicaid-eligible population has a comprehensive package of covered services with some limitations for adults (nominal copayment requirements and exemptions prescription drugs). TennCare Standard provides a similar package for certain adults and children who do not meet eligibility criteria for Medicaid but who meet eligibility criteria established by the State. TennCare CHOICES provides both nursing facility and home and community-based services to eligible persons.

4. Current Medicaid Covered Services – verified as of 11/2019: ***TN Division of Health Care Finance & Administration - TennCare webpage:*** All TennCare plans cover medically necessary inpatient and outpatient substance abuse services. Medically necessary methadone clinic services are covered only for beneficiaries under 21 and pregnant women. Most other treatment services are funded by the SAPT block grant for persons with no medical coverage or for Medicaid recipients who have exhausted coverage or for a specific service that is not covered. TennCare Opioid Strategy guide, effective as of 2018 requires all three MMC plans to adhere to standards that encourage timely prior authorization for medications and referrals to counseling.

Prescription Drug Coverage - PDL Formulary, November 2019: One dose of per month and two doses of naloxone vial & syringe are covered without prior approval. Naltrexone tablets are listed as a preferred drug that does not require PA. Preferred and non-preferred medications for OUD require PA and are subject to dosage limits equivalent to 16mgs of buprenorphine for up to 6 months and 8mgs, thereafter. Bunavail and generic buprenorphine/naloxone SL tablets, are listed as preferred; buprenorphine mono formula, Suboxone, generic buprenorphine/naloxone film, Zubsolv and Lucermyra are all non-preferred. Methadone is covered with prior approval.

5. State Medicaid Expenditures: As of August 2019 total Medicaid enrollment was 1.4 million (children and adults = 21% of the state population). Total Medicaid spending for 2018 exceeded 9.7 billion.

6. Drug overdose fatality rate for 2016 was 24.5 (per 100,000); rate of fatalities attributed to opioids: 18.1 per 100,000. Rates increased 10 % and 13 % respectively since the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased to 26.6 or 1,779 deaths. Provisional data for 2018 suggest overdose fatalities are continuing to increase.

Texas has not expanded Medicaid eligibility.

1. In 2013 ASAM reported: Texas Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated only extended release injectable naltrexone was excluded from TX's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set* & ***Kaiser State Health Facts*** showed: TX Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through cost-based payment reimbursement, with pre-approval required for residential detox and treatment and for ambulatory detox. Coverage limit are: 126 hours for group services or 26 hours for individual services; 35 days for residential treatment, and 21 days for detox.

4. Current Medicaid Covered Services – verified as of 11/2019: *Texas Department of State Health Services website*: Medicaid covered substance use disorder treatment includes screening & assessment, ambulatory detox, individual and group outpatient counseling, medication-assisted therapy, and residential services. All service are covered for beneficiaries under 21 and most are covered for the remainder of the tradition Medicaid eligible population. However, the Texas Targeted Opioid Response program offers treatment to adults with OUD, including methadone induction and maintenance from selected regional providers. Most other adults with SUDs with insurance must rely on state services mainly funded through federal SAPT block grants.

Prescription Drug Coverage – PDL, update 3/2018: Medications listed that require PA are: Suboxone film; buprenorphine mono formula SL tablets, Bunavail, Zubsolv, Lucemyra, Vivitrol and generic buprenorphine/naloxone products, although all are listed as preferred drugs (except generic buprenorphine/naloxone tablets and Lucemyra). Criteria for pre-approval for a 90-day period includes age 16 or older, review of prescribing history (denial of patients prescribed buprenorphine in the past with concurrent claims for other opioid drugs, and treatment failure with preferred drugs or r allergic reactions. Methadone provided by OTPs is only covered for pregnant women under certain circumstances and adolescents by fee for service Medicaid. There is no billing provider type in Texas Medicaid for an OTP or narcotic treatment clinic. OTPs must either submit Medicaid claims using the physicians' provider identifier, or as a Department of State Health Services (DSHS) licensed chemical dependency treatment facility. Naloxone syringe & vial, oral naltrexone, and Narcan are available without PA.

5. State Medicaid Expenditures: As of August 2019, total Medicaid enrollment was 4.2 million (children and adults = 14.5% of the state population). Total Medicaid spending for 2018 was 38.2 billion.

6. Drug overdose fatality rate for 2016 was 10.1 (per 100,000); rate of fatalities attributed to opioids: 4.9 (per 100,000); rates increased only slightly from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased slightly to 10.5 or 2,989 deaths. Provisional data suggest overdose fatalities for 2018 have decreased.

Utah: has adopted expanded Medicaid eligibility, but it is not yet fully implemented.

1. In 2013 ASAM reported: Utah Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated only Acamprosate was excluded from UT's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. For 2012 Kaisers *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set & Kaiser State Health Facts*: UT Medicaid covered treatment for beneficiaries with substance use disorders through fee for services or capitated payment reimbursement. Ambulatory detox is not covered. As of 2014, a CMS approved 1115 waiver authorized the State to provide three different packages of services for Medicaid beneficiaries. Traditional Medicaid provides a comprehensive package of covered services primarily to children, pregnant women, and the aged, blind and disabled, with an optional buy-in for disabled adults. A smaller package of services for certain adults with some limitations and copays and a very limited package of services for parents of Medicaid-eligible children and other adults with income below 150% of FPL are also available.

4. Current Medicaid Covered Services – verified 11/2019: In 2018, Utah sought CMS approval for several added restrictions on eligibility expansion under Utah's 1115 waiver program. The option to impose an enrollment cap and work requirements for an unspecified number of hours for those involved in less than 30 hours of other qualifying activities have thus far been approved. In April of 2019 a program the expanded Medicaid eligibility to those with incomes at 100% of FPL was added. Full expansion implementation should take place in the coming months. **Utah Medicaid Member Guide:** Alcohol and Drug Services section says: If you need in-patient drug or alcohol detox and have a health plan, call them. If you do not have a health plan, the hospital will bill Medicaid for detoxification services." Only authorized providers are reimbursed for services. Only outpatient services provided by Utah County Department of Drug and Alcohol Prevention and Treatment are covered without pre-approval, except for American Indians or Alaska Natives. Methadone treatment costs are paid by Medicaid directly. Beneficiaries already receiving other MAT services from a private doctor can keep seeing their doctor.

Prescription Drug Coverage - PDL Formulary, August 2019: Suboxone, Zubsolv, Bunavail, and Subutex do not require PA for the first 180 days of treatment with a maximum dosage equivalent to 24mgs per day. If the medication is required beyond the initial 180-day period, on an annual basis, providers must submit an attestation that the following information is present in the patient's medical record: diagnosis of opioid dependence; description of psychosocial support the patient is receiving, and a treatment plan detailing management and potential for tapering/discontinuation. For mono formula buprenorphine, addition verification of pregnancy or an allergy to naloxone must be provided. Maintenance beyond the 3-year continuation period requires additional documentation and a plan to taper. Vivitrol and naltrexone tablets are listed as preferred, with PA of clinical criteria. Sublocade and Vivitrol must be dispensed by the prescriber.

5. State Medicaid Expenditures: 2015 As of August 2019 total Medicaid enrollment was 309,206 (children and adults = 9.7% of the state population). Total Medicaid spending for 2018 was 2.4 billion.

6. Drug overdose fatality rate in 2016 is projected to be: 22.4 (per 100,000); rate of fatalities attributed to opioids: 16.4 (per 100,000); rates were fairly stable from the previous year. CDC data for 2017show the rate of drug overdose deaths remained stable (22.3) or 650 deaths. Provisional data for 2018 suggest overdose deaths may decrease slightly.

Vermont has expanded Medicaid eligibility.

1. In 2013 ASAM reported: Vermont Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on VT's Medicaid preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: VT Medicaid covered treatment for beneficiaries with substance use disorders through fee for services reimbursement. Vermont has a CMS approved 1115 waiver under which The Department of Vermont Health Access, as a managed care entity, administers Vermont's public health coverage programs, including Medicaid and Vermont Health Access Plan (VHAP). Medicaid and VHAP services are delivered on a fee for service basis or through the State's Primary Care Case Management model of managed care called Primary Care Plus.

4. Current Medicaid Covered Services – verified as of 10/2019: ***Department of Vermont Health:*** Chemical dependency services require pre-authorization, but at least one visit is allowed without authorization; self-referral for chemical dependency visits is covered up to $500 per year. A 2014 memo outlining the Medicaid State Plan amendment that authorized Vermont's 'Hub and Spokes' program for treatment of opioid use disorders states: "Methadone and buprenorphine are the primary pharmacological treatments for opioid addiction." Its number of OTPs has recently expanded from 5 to 8. Medically managed inpatient detoxification requires pre-authorization if planned; emergency admissions require notification within 24 hours. All inpatient medically managed detox admissions are reviewed for medical necessity and require discharge planning and continuity of care for follow-up outpatient services. Court ordered services are covered if they meet criteria for medical necessity.

Prescription Drug Coverage – PDL, 10/2019: Suboxone, naltrexone (oral), Acamprosate, disulfiram, methadone oral concentrate (10 mg/ml) and naloxone vials and Narcan (up to 4 doses per month) are preferred drugs that do not require pre-approval (clinical criteria apply to some). Maximum maintenance dose is 16 mg for buprenorphine products and maximum prescribed supply of 14 days. Buprenorphine/naloxone SL tablets, buprenorphine mono formula SL tablets, Vivitrol, Probuphine implants, Sublocade depot injections, Zubsolv, Bunavail, Lucemyra, and Antabuse are non-preferred drugs and subject to pre-authorization criteria, as well and quantity limits. PA is also required for buprenorphine products when a daily dose greater than 16mgs is prescribed. Methadone for treatment of OUD is covered and available through VT's certified OTPs.

5. State Medicaid Expenditures: As of August 2019, total Medicaid enrollment was 152,716 (children and adults = 24% of the state population). Total Medicaid spending for 2018 was 1.6 billion.

6. Drug overdose fatality rate for 2016 was 22.2 (per 100,000); rate of fatalities attributed to opioids: 18.4 (per 100,000); rates increased by more than a third over the previous year. CDC data for 2017 show the rate of drug overdose deaths increased to 23.1 or 134 deaths. Provisional for 2018 suggest overdose fatalities have continued to increase.

Virginia General Assembly voted to approve expanded Medicaid eligibility on 5/30/18.

1. In 2013 ASAM reported: Virginia Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated only acamprosate was excluded from VA's Medicaid preferred drug list. Other medications used to treat alcohol use disorders were covered.

3. In 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: Virginia Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services reimbursement, with pre-authorization and a co-pay of $3 per visit. Limits varied by service.

4. Current Medicaid Covered Services – verified as of 2019: The law expanding Medicaid eligibility to families and individuals with income at or below 138% of poverty level was signed into the 2019-2020 budget law by the governor on 6/7/2018 and took effect January 1, 2019. The plan includes work opportunity referrals, health behavior incentives, enrollment and eligibility restrictions, benefit restrictions and co-pays, but approval of those elements is pending. In 2016, CMS approved 1115 waiver (the Governor's Access Plan and Addictions Recovery Services Plan that expanded VA's SUD treatment coverage , which includes inpatient detox and treatment for up to 15 days, expands coverage of residential detox and treatment and increases reimbursement rates for substance abuse treatment services currently covered by Medicaid such as case management; partial hospitalization/ intensive outpatient, and counseling components of opioid treatment. It also adds coverage for peer support services.

Prescription Drug Coverage – PDL, 10/2919 applies to Medicaid FFS and managed care plans: Preferred methadone products include oral concentrate and solution (for detoxification and maintenance treatment of narcotic addiction only) for patients enrolled in certified/registered OTP's, services approved with documentation of clinical criterion. Preferred Suboxone® SL film in dosages 24mg/day or less prescribed by any in-network, buprenorphine waivered provider does not require a PA. Length of Authorization: 3 Months (Initially), 6 months (Maintenance) Non-preferred agents requiring PA include Bunavail, Zubsolv, Sublocade, and buprenorphine/naloxone with documentation as to why the member cannot be prescribed a preferred agent. Buprenorphine mono-product will only be covered for pregnant women for a maximum of 10 months. No PA is required for Vivitrol, naltrexone tablets and Narcan nasal spray and naloxone.

5. State Medicaid Expenditures: As of August 2019, total Medicaid enrollment exceeded 1.3 million (children and adults = 12% of the state population). Total Medicaid spending for 2018 exceeded 9.6 billion.

5. Drug overdose fatality rate in 2016 the rate of drug overdose fatalities was 16.7 (per 100,000); rate of fatalities attributed to opioids: 13.5 (per 100,000). Rates increased by more than a third over the previous year. CDC data for 2017 show the reported rate increased to 17.9 or 1,507 drug overdose deaths. Provisional data for 2018 suggest overdose deaths may have declined slightly.

Washington: has expanded Medicaid eligibility.

1. In 2013 ASAM reported: Washington Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on WA's Medicaid preferred drug list including those used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: WA Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services or percentage of charge reimbursement. Ambulatory detox was not covered and pre-approval was required for specified services.

4. Current Medicaid Covered Services – verified as of 2019: ***Division of Behavioral Health and Recovery webpage:*** WA Medicaid covers a continuum of substance use disorder services including: assessment; brief intervention and referral to treatment; withdrawal management (detoxification); outpatient treatment; inpatient residential treatment; opiate substitution treatment, and case management. Most only require recertification every 12 months and requirements for documentation of counseling for patients receiving MAT have been loosen. New 2019 MAT guidelines apply to fee for service and all contracted MMC providers and outline the approved practices for buprenorphine induction and maintenance.

5. Coverage – PDL 10/2019: applies to for Medicaid Fee for Service and all Managed Care contractors: Preferred drugs listed that do not require pre-authorization include: naloxone vials and Narcan nasal spray, Acamprosate, disulfiram, naltrexone oral tablets, buprenorphine/naloxone generic SL tablets, and Suboxone. Vivitrol may require pre-authorization. Non-preferred drugs requiring pre-authorization include buprenorphine mono formula SL tablets, buprenorphine/naloxone generic film, Bunavail, Zubsolv, Probuphine implants and Sublocade depot injections. The maximum daily dosage for buprenorphine products in 32 mgs. or equivalent. Methadone provided by OTPs is covered, and may require PA of clinical criteria.

6. State Medicaid Expenditures: As of August 2019, total Medicaid enrollment exceeded 1.7 million (children and adults = 23% of the state population). Total Medicaid spending for 2018 exceeded 12.1 billion.

7. Drug overdose fatality rate in 2016 was 14.5 (per 100,000); rate of fatalities attributed to opioids: 9.4 (per 100,000); rates remained stable since the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased to 15.2 or 1,169. Provisional data for suggest overdose fatalities have continued to increase.

West Virginia has expanded Medicaid eligibility.

1. In 2013 ASAM reported: West Virginia Medicaid responses to a survey indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- No Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated only methadone was excluded from WV's Medicaid preferred drug list. Medicaid covered drugs used to treat alcohol use disorders.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: WV Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services reimbursement. West Virginia has a CMS approved 1115 waiver under which the State implements a Medicaid reform program called Mountain Health Choices. The program has a Basic and an Enhanced plan, as well as a traditional Medicaid Plan. The Basic plan includes all state and federal mandatory services; the Enhanced plan offers additional services to members voluntarily signing a health care responsibility agreement.

4. Current Medicaid Covered Services – ***Note: Effective 2019*** **-** WV Medicaid now provides coverage for buprenorphine/naloxone formulations, mono-buprenorphine, Vivitrol and methadone from OTPs under a CMS approved 1115 waiver, which increases coverage of community-based and outpatient SUD treatment services, makes residential treatment available to Medicaid beneficiaries and covers methadone maintenance treatment by OTPs. It adds coverage for recovery support services and supports wide implementation of SBIRT as well as Narcan distribution. The WV Bureau for Medical Services webpage has updates and announcements on the two-phased roll out of expanded services, with coverage of methadone treatment and other services effective January 2018. The Medicaid Behavioral Health Rehabilitation Manual for 2019 includes a new section on coverage of MAT and a chapter on methadone assessment, induction, and maintenance.

5. Prescription Drug Coverage - PDL Formulary, October 2019: Preferred medications are listed as naloxone, Narcan nasal spray, Suboxone film and Vivitrol. Vivitrol no longer requires pre-authorization and Suboxone appears not to require PA for patients meeting clinical criteria (as well as mono formula buprenorphine for pregnant women). Buprenorphine formulations require re-authorization every six months. A maximum of 24 mg is permitted for the first 60 days; thereafter, maximum maintenance dose is 16 mg. Non-preferred pre-authorization forms and criteria are available online for: Sublocade buprenorphine/naloxone tablets, Bunavail, and Zubsolv. Methadone provided by OTPs is now covered. Buprenorphine mono-product will only be covered for pregnant women for a maximum of 10 months.

5. State Medicaid Expenditures: As of August 2019, total Medicaid enrollment was 529,664 (children and adults = 29% of the state population). Total Medicaid spending for 2018 exceeded 3.8 billion.

6. Drug overdose fatality rate in 2016 was: 52.0 (per 100,000); rate of fatalities attributed to opioids: 43.4 (per 100,000). Both fatality rates increased more than 20% over the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased to 57.8 or at 974 deaths. Provisional data for 2018 suggests a slight decrease in drug overdose deaths.

Wisconsin has not expanded Medicaid eligibility but offers coverage to adults with incomes up 100% of poverty level through its existing waiver program.

1. In 2013 ASAM reported: The Wisconsin Medicaid website indicated coverage of MAT for beneficiaries with substance use disorders was as follows:

- Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone
- Medicaid coverage for long-acting injectable naltrexone

2. In 2014 SAMHSA's review of Medicaid policies: indicated all medications used to treat SUDs were on WI's Medicaid preferred drug list.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: WI Medicaid covered treatment for categorically and medically needy beneficiaries with substance use disorders through fee for services reimbursement, with minimal co-pays. Under a CMS approved 1115 waiver, the state extended Medicaid eligibility to families and caretaker relatives with income up to 200% of FPL through the State's BadgerCare Plus Standard Plan. A limited benefit package with higher copayments (BadgerCare Plus Benchmark Plan) is offered for children and pregnant women with income between 200% and 300% of the FPL. BadgerCare Plus Core Plan is a limited coverage plan with some co-payments offer to childless adults with income at or below 200% FPL.

4. Current Medicaid Covered Services – verified as of 10/2019: An extension of Wisconsin's 1115 waiver program which provides coverage to individuals with income at or below 100% of poverty level was approved by CMS in 2019. Added work requirements of 80 hours per month for individuals age 50 and under (plus other exceptions) have been approved but not yet implemented. Other eligibility and enrollment restrictions have also been approved such as requiring healthy behavior assessments and copays or premium contributions from some beneficiaries. However, the waiver program also provide full coverage of residential substance use disorder treatment for all BadgerCare Plus beneficiaries. Wisconsin DHS website information on MAT choices available for treatment of OUD lists: methadone dispensed only at specially licensed OTPs, buprenorphine formulations, and naltrexone. A continuum of services is also covered, including assessment, detox, inpatient and outpatient treatment, counseling, recovery coaching. The state has also dedicated federal grant funds to providing opioid treatment for people without coverage in response to increasing overdose fatalities.

Prescription Drug Coverage - PDL Formulary, 11/2019: The preferred drug list suggests certain preferred drugs for treatment of OUD are available without PA to patients meeting diagnostic criteria. However, there is a prior authorization form for buprenorphine products that allows for electronic transmission of PAs for preferred agents through the STAT-PA system. Preferred drugs include: methadone from OTPs, Suboxone film, Zubsolv, oral naltrexone, Vivitrol, naloxone vial & syringes, Narcan nasal spray. Non-preferred drugs that require PA include buprenorphine mono formula tablets, generic buprenorphine/naloxone tablets and films, Bunavail, and Sublocade.

5. State Medicaid Expenditures: As of August 2019, total Medicaid enrollment exceeded 1 million (children and adults = 18% of the state population). Total Medicaid spending for 2018 was 9.5 billion.

6. Drug overdose fatality rate in 2016 was (per 100,000); rate of fatalities attributed to opioids: 15.8 (per 100,000), which represents an increase in overall drug overdose fatalities of 25% and a 41% increase in opioid overdose deaths from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths increased to 21.2 or 1,177. Provisional data for 2018 suggest drug overdose fatalities may have decreased.

Wyoming has not expanded Medicaid eligibility.

1. In 2013 ASAM reported: the Wyoming Medicaid website indicates coverage of MAT for beneficiaries with substance use disorders was as follows:

- No Medicaid coverage for methadone maintenance
- Medicaid coverage for buprenorphine/naloxone *(documentation of counseling required)*
- Medicaid coverage for long-acting injectable naltrexone for opioid use disorders

2. In 2014 SAMHSA's review of Medicaid policies: indicated both methadone and Acamprosate were excluded from WY's Medicaid preferred drug list.

3. For 2012 Kaiser's *Medicaid Benefits: Rehabilitation Services-Mental Health and Substance Abuse Data Set &* ***Kaiser State Health Facts*** showed: WY Medicaid covered treatment for beneficiaries with substance use disorders through fee for services reimbursement.

4. Current Medicaid Covered Services – verified as of 2019: ***WY Medicaid Community Mental Health & Substance Use Treatment Services Manual,*** revised 3/2016, lists the following reimbursable services: clinical assessment; peer specialist services;, agency/based individual/family therapy; comprehensive medication services; substance use intensive outpatient treatment services – with "structured program of group treatment which may include education about role functioning, illness, and medications; group therapy and problem solving, and similar treatment to implement each enrolled client's treatment plan." Effective November 2017, pre-certification is required for coverage of most behavioral health services; coverage is available for selected telehealth services and SBIRT among beneficiaries age 18 and over.

Prescription Drug Coverage – 11/ 2019 -PDL Formulary: Suboxone and buprenorphine/naloxone tablet are listed as a preferred medications with clinical criteria requirements for prior authorization; however, a six-day emergency supply of Suboxone is permitted without PA, effective 5/2019. The maximum dosage is 16mgs per day for the first two years and 8mgs per day after that. Oral buprenorphine mono formula can be pre-authorized for pregnant or nursing women and those with a documented allergy to naltrexone. Vivitrol and oral naltrexone are listed as preferred medications, available without PA for patients meeting clinical criteria. PA is required for non-preferred drugs: Bunavail, Zubsolv, buprenorphine and buprenorphine/naloxone tablets are listed as non-preferred, but the latter is recommended under a mandatory generic policy. Methadone is listed as non-preferred with quantity and dosage limitations, but not specified as covered for treatment of OUDs. Generic naloxone is covered without pre-authorization for beneficiaries only (not family or friends obtaining it on his or her behalf).

5. State Medicaid Expenditures: As of August 2019 total Medicaid enrollment was 53,586 (children and adults = 9% of the state population). Total Medicaid spending for 2018 exceeded 600 million.

6. Drug overdose fatality rate for 2016 was 17.6 (per 100,000); rate of fatalities attributed to opioids: 8.7 (per 100,000), which represents a 10% increase in overall drug overdose fatalities and a 7% increase in opioid death from the previous year. CDC data for 2017 show the rate of reported drug overdose deaths decreased significantly to 12.2 or 69 deaths. Provisional data for 2018 suggest overdose death are continuing to decrease.