



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: August 14, 2015

MHSUDS INFORMATION NOTICE NO.: 15-033

TO: COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTOR'S ASSOCIATION
CALIFORNIA COUNCIL OF COMMUNITY MENTAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS

RESCINDS: MHSUDS INFORMATION NOTICE 14-032, SEPTEMBER 25, 2014

SUBJECT: MEDICATIONS USED IN TREATMENT OF SUBSTANCE USE
DISORDERS IN AN OUTPATIENT SETTING

The Department of Health Care Services would like to notify stakeholders of the continued availability of medications in the treatment of substance use disorders (SUD) through the Medi-Cal program. The information contained in the attached spreadsheet details the coverage restrictions, utilization controls as well as whether the medication requires a treatment authorization request or if it is carved out of managed care plans. These medications are intended for use in medication-assisted treatment (MAT) of SUD in outpatient settings. There has been no change to the pharmacy benefits medication list and the notice aides in information sharing for SUD stakeholders.

Background

MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating SUD, a combination of medication and behavioral therapies is most successful. MAT is clinically driven with a focus on individualized patient care.

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Questions concerning this notice and its exhibits should be directed to:

Pharmacy Policy Branch
Pharmacy Benefits Division
Department of Health Care Services, MS 4604
P.O. Box 997413
Sacramento, CA 95899-7413

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services

Original signed by

René Mollow, MSN, RN, Deputy Director
Health Care Benefits & Eligibility

Enclosure

MEDI-CAL LIST OF DRUGS FOR SUBSTANCE USE DISORDERS†

Drug	Carved out from Managed Care?	Need Treatment Authorization Request?	Coverage Restrictions/ Utilization Controls
Acamprosate	Y	Y	Justification for use in lieu of formulary alternative.
Buprenorphine Sublingual Tablets	Y	N	Limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver. Restricted to 120 dosage units and a 30 day supply per dispensing.
Buprenorphine/Naloxone Sublingual Tablets and Film	Y	N	Limited to use for the treatment of opioid addiction by physicians with a DATA 2000 waiver. Restricted to 120 dosage units and a 30 day supply per dispensing.
Disulfiram	N	N	None
Naloxone	Y	N	None
Atomizer for Naloxone Administration	N	Y	TAR justifying the medical necessity for the use of the non-FDA approved route of administration.
Naltrexone tablets	Y	N	Restricted to treatment of alcohol dependence & prevention of relapse in opioid dependent patients, for use only by prescribers trained in substance use disorder treatment, limit of 100 tablets and 3 fills in 75 days.
Naltrexone Long Acting Injection	Y	Y	<u>Medical Claims:</u> An approved Treatment Authorization Request (TAR) is required for reimbursement. The treating physician should be experienced in treating addiction, certified by ASAM, or a psychiatrist through the Drug Medi-Cal program. The TAR must document that the patient is being treated for alcohol dependence or for the prevention of relapse to opioid dependence. <u>Pharmacy Claims:</u> Available with an approved TAR for Medi-Cal beneficiaries meeting both of the following criteria: 1) Charged with, or convicted of, a felony or misdemeanor; and 2) Monitored for compliance with terms and conditions of county or state supervision (including but not limited to probation, parole, 1210 PC, mandatory supervision, post-release community supervision, pretrial release), including substance use monitoring.

† This list of coverage applies to the pharmacy benefit only unless otherwise noted