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POLICY OVERVIEW OF OPIOID MANAGEMENT FOR SICKLE CELL DISEASE ACROSS STATE MEDICAID PLANS

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Summary

This issue brief reviews the current landscape of opioid policies for sickle cell disease under fee-for-service Medicaid programs to highlight potential barriers across states.

Background

Pain management is integral to the healthcare for individuals with sickle cell disease (SCD). Sickle cell disease is marked by debilitating pain causing vaso-occlusive crises (VOCs) requiring hospitalization. In addition to these acute events, approximately 50% of individuals with SCD experience chronic pain that must be treated with long-acting and short-acting opioids.[1,2,3] With the growing opioid crisis, more restrictions have been put into action to limit prescribing opioids. Consequently, providers have found the opioid epidemic as a justification to minimize prescribing opioids for sickle cell pain.[4] Some states have made efforts to eradicate these limitations for individuals living with SCD that will not disrupt their pain management protocols.[4]

Medicaid coverage in the United States is either managed by the state through a fee-for-service (FFS) model or by a managed care organization (MCO). Over 75% of Medicaid beneficiaries across the country have pharmacy benefits (i.e., prescription drugs administered at home) managed exclusively by FFS, regardless of whether medical care is managed by MCO or FFS.[5] Roughly 50-60% of the estimated 100,000 individuals living with SCD in the U.S. are covered by Medicaid.[6]

Methodology

To assess coverage and access restrictions in state Medicaid programs for therapies prescribed to individuals with SCD, Sick Cells contracted Artia Solutions to conduct an analysis of coverage policies in the 50 states and the District of Columbia. Sick Cells identified opioid-specific policies and opioid prior authorization criteria for SCD as a treatment of chronic pain to include in the analysis. Using a comprehensive formulary and medical policy data provided by Artia Solutions, augmented by Sick Cells research, we analyzed coverage policies as of February 2023 for state FFS programs for SCD therapies. This issue brief discusses prior authorization criteria and opioid-specific policies used for SCD across state Medicaid FFS programs; MCO in states were excluded.

Findings

We find that in 2023:

There are **limited specific prior authorization criteria for SCD** for opioid management across states

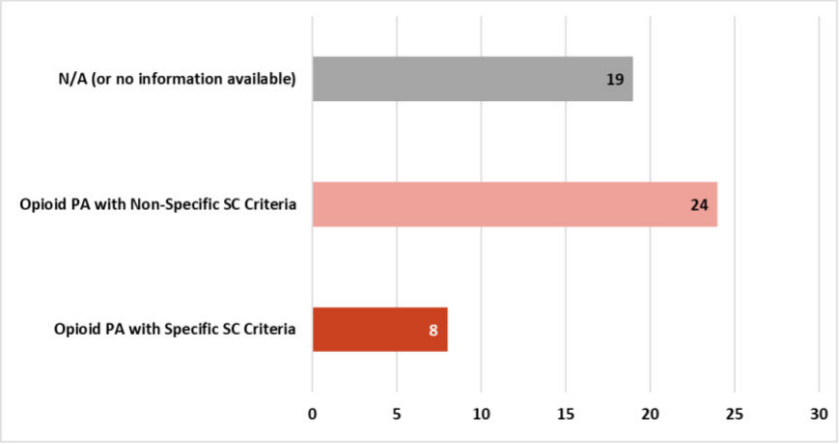
Several states have **few exceptions for opioid policies** for individuals with SCD

Texas demonstrates the **most restrictive access to opioid management** for individuals with SCD

Finding 1: Limited Opioid- Specific Prior Authorization Criteria for SCD by States

From our previous issue brief, it is common for states to use prior authorizations. However, there are significant variations in policies across states, including opioid management. Only **eight states have opioid prior authorizations specific for SCD** (AZ, CT, FL, GA, IN, KS, KY, MD) (**Figure 1**). Within these states, they allow a longer duration of the prior authorization approval **(one year vs. six months)** for both long-acting and short-acting opioids for individuals with SCD. Findings also show that many states have unavailable information on the opioid prior authorization criteria.

Figure 1: Prevalence of Opioid Prior Authorization for SCD Across State Medicaid Programs



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Finding 2: Several States have Few Exceptions for Opioid Polices for SCD

SCD comes with chronic pain, which requires enduring periods of opioid use. Few states have made approaches to their standard opioid policies to accommodate those individuals living with SCD. To gather actionable insights, Sick Cells identified 11 states (NY, FL, GA, TX, CA, LA, NC, IL, OH, SC, PA) with the highest populations of Medicaid and CHIP beneficiaries with SCD using the 2021 Medicaid and CHIP Sickle Cell Disease Report. Our findings illustrate the very few states that have opioid exceptions, specifically for SCD (Figure 2).

Figure 2: State Medicaid FFS Opioid Exemption Policies 11 Selected States

	CA	FL	GA	IL	LA	NY	NC	OH	PA	SC	TX
Exemption from Maximum Morphine Equivalent (MME)		●			●					●	
Exemption from Chronic Opioid Treatment Plan and/or Urine Drug Screening			●								
Exemption in Total Number of Prescriptions Per Month or Quantity Limits	●				●	●					
Exemption from Letter of Medical Necessity Required							●				
SCD Diagnosis Required for Approval of Long-Acting Opioids									●		

Within the 11 states, Sick Cells has found **eight states have at least one exemption** for individuals with SCD for their opioid policies. For example:

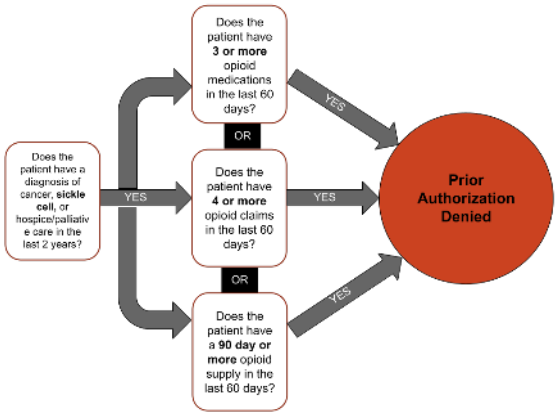
- **One state** permits individuals with SCD to be exempt from **opioid treatment plans and/or urine drug screening** before prescribing opioids (GA)
- **Three states** permit individuals with SCD to be exempt from the **Maximum Morphine Equivalent (MME)**[7](FL, LA, SC)
- **Three states** permit individuals with SCD to be exempt from the **total number of prescriptions per month or quantity limits** (CA, LA, NY)
- **One state** permits individuals with SCD to be exempt from the requirement of a **letter of medical necessity** (NC)
- **One state** requires a confirmed **SCD diagnosis for long-acting opioids** to be approved (PA)

Finding 3: Texas Demonstrates Restrictive Access to Opioid Management for SCD

As one of the 11 selected states that have a high prevalence of Medicaid and CHIP beneficiaries with SCD, Texas does not have exemptions for the states' opioid policies (Figure 2). SCD is listed as a diagnosis on the prior authorization; however, there are **restrictive limitations on the quantity, duration, and type of opioid** that will be approved.

Beyond an SCD diagnosis, **three parameters** can restrict gaining access to opioid prescriptions based on timeline and quantity (**Figure 3**). If the patient does not fall under these parameters, limitations on how much can be prescribed continues. The underlying factor that determines prior authorization for opioids is if the patient **does not have three or fewer opiate dispensing pharmacies** in the last 60 days.[8] Furthermore, under Texas legislation and guidelines prescribing opioids in the U.S., short-acting opioids should be prioritized over long-acting opioids.[9]

Figure 3: Clinical Flow Diagram for Texas Opioid Prior Authorization Approval Restrictive for SCD



Discussion

Our landscape analysis of opioid management for sickle cell disease under state Medicaid programs focuses on three main challenges that are related to the barriers to opioid policies. These discrepancies provide advocacy opportunities to affect change in legislation, rationalize access, and increase the availability of the processes embedded in our health systems. State Medicaid programs must strive to eliminate gaps in access to opioid management as this can affect one's quality of life managing chronic pain from SCD. This issue brief creates an avenue for more studies, including legislation against opioid management and how the lack of exemptions and necessary circumstances hinder SCD and many other chronic diseases.

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7. Maximum Morphine Equivalent (MME) is an opioid dosage equivalency to morphine. This metric is used to gauge the overdose potential of the amount of opioids that are given at that time. Calculating MME for additional opioids can be found here.
8. Texas Opiate Overutilization Clinical Criteria (https://paxpress.txpa.hidinc.com/opiate.pdf)
9. https://www.exparel.com/hcp/enhanced-recovery/opioid-legislation-map