

Department of Legislative Services
Maryland General Assembly
2022 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 323

(Senator Augustine)

Finance

Health and Government Operations

Public Health - Medications to Treat an Opioid Use Disorder - Preferred and Nonpreferred Medications

This bill requires the Maryland Department of Health (MDH) to (1) adopt a reporting system to monitor the prescribing of medications to treat opioid use disorders (OUDs) in the State; (2) analyze patterns of prescribing to identify prescribers who regularly prescribe nonpreferred medications; (3) conduct outreach to prescribers using educational materials regarding the benefits of prescribing preferred medications; and (4) identify barriers to individuals who need medication to treat an OUD to obtaining the medication in a timely manner. MDH must submit to the Governor and General Assembly (1) by October 1, 2022, an initial analysis of data from the reporting system and (2) by October 1, 2023, and annually thereafter, a report on its findings and actions taken under the bill. **The bill takes effect July 1, 2022.**

Fiscal Summary

State Effect: MDH can implement the bill using existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: “Nonpreferred medication” means a medication prescribed to treat an OUD that contains methadone, buprenorphine, or naltrexone and is not on the State’s

preferred drug list (PDL). “Preferred medication” means a medication prescribed to treat an OUD that contains methadone, buprenorphine, or naltrexone and is on the State’s PDL.

Current Law: Under Maryland regulations (COMAR 10.09.02.12), Medicaid may establish a Pharmacy and Therapeutics Committee to develop recommendations for a Medicaid PDL. The committee must consider the (1) clinical efficacy of the drug; (2) cost effectiveness of the drug, including any supplemental rebates from manufacturers; and (3) needs of Medicaid recipients, such as the ease of drug therapy administration, rate of compliance with drug therapy instructions, and frequency of prior authorization. The committee must recommend the addition or deletion of existing drugs as necessary, preauthorization criteria, and conditions or illnesses to be exempt from prior authorization based on clinical data.

The [Medicaid PDL](#) as of February 2022 specified that the following prescriptions for OUD are preferred drugs: buprenorphine (Subutex); naloxone injectable (Narcan); Narcan nasal spray (brand and generic); naltrexone (Revia); Bunavail; Sublocade; Suboxone film (brand only); Vivitrol; and Zubsolv. The following prescriptions for OUD are nonpreferred drugs and require prior authorization: buprenorphine/naloxone film (Suboxone generic only); buprenorphine/naloxone tablets (Suboxone); Kloxxado; and Lucemyra.

Pharmaceutical manufacturers that participate in Medicaid must pay rebates to states on covered outpatient drugs. Brand name Suboxone film is eligible for substantially higher manufacturer rebates than its alternatives. Medicaid covers approximately 280,000 claims for brand name Suboxone film annually. Other formulations, including generic Suboxone film and sublingual Suboxone tablets, are nonpreferred drugs subject to prior authorization due to cost.

Additional Comments: Methadone, buprenorphine, and naltrexone are used in medication-assisted treatment to help people reduce or quit their use of heroin or other opiates. Methadone is used to treat heroin and narcotics addictions and can only be provided through a certified opioid treatment program. Buprenorphine is used to treat OUD and may be prescribed or dispensed in physician’s offices. Naltrexone is used to treat both OUD and alcohol use disorders. Naltrexone can be prescribed by any health care provider with prescriptive authority.

Additional Information

Prior Introductions: None.

Designated Cross File: HB 578 (Delegate Kaiser, *et al.*) - Health and Government Operations.

Information Source(s): Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - February 6, 2022
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