State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

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Report of the Survey of Opioid Addiction Treatment Coverage

In February 2017, the Office of the Commissioner of Insurance (OCI) conducted a survey of health insurers regarding their coverage for treatment of opioid addiction. The survey was sent to 35 insurance companies, who represented approximately 85% of Wisconsin's health insurance market for 2016. All 35 insurers responded to the survey.

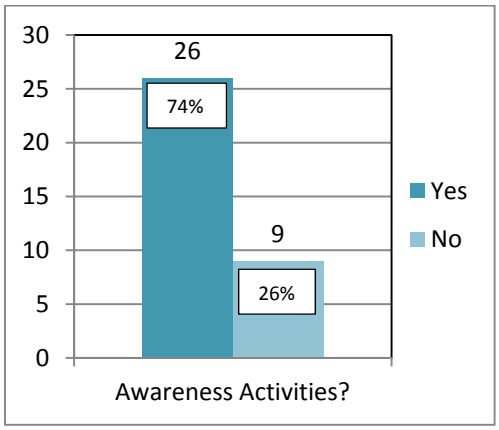
The survey was in response to Governor Walker's Executive Order #228 relating to the Implementation of the Recommendations of the Co-Chairs of the Governor's Task Force on Opioid Abuse (Task Force). The Task Force recommended OCI conduct a survey of major insurers in Wisconsin regarding their coverage of opioid addiction treatment and report the results of the survey to the Task Force.

The survey requested information for the period 2014 through 2016 related to the insurers' Wisconsin group and individual fully insured health insurance business. The survey asked insurers not to include information about their Medicare plans or the self-insured business they administered. The survey included questions about services covered by the plans, medications covered by their drug formularies, limitations and barriers to coverage, and coverage options after discharge from hospital or intensive out-patient treatment.

On July 14, 2017, the results of the survey were presented to the Task Force. A copy of this report and presentation are available on OCI's Web site at oci.wi.gov/Pages/ConsumersHome.aspx.

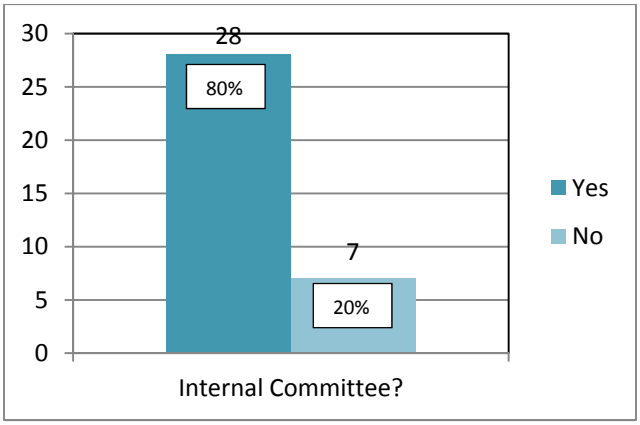
Survey of Opioid Addiction Treatment Coverage Response Summary
(Some numbers and percentages were rounded to the nearest whole number or percent.)

1. For the period 2014 through 2016, has your company been involved in any activities, including provider newsletters or enrollee information, to raise awareness of the risk of opioid addiction? If so, indicate the type of activity and most recent dates of the activities.

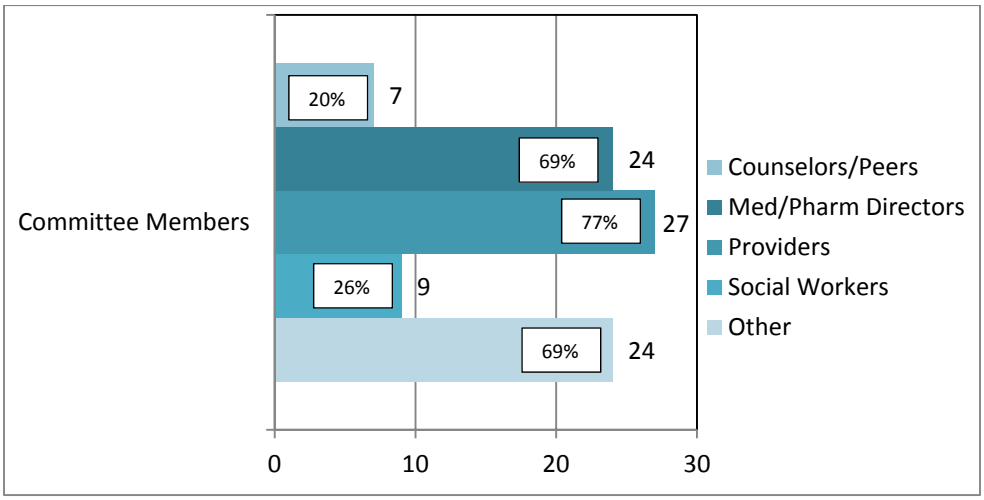


Of the 35 insurers surveyed, 74% (26 insurers) had been involved in awareness activities regarding the risk of opioid addition; 26% (9 insurers) had not. The insurers indicated their activities included provider newsletters, social media posts, published articles, and member notices.

2. Does your company have an internal committee or work group responsible for monitoring medical and treatment issues relating to substance use or addiction? If so, list the names of the committees or work groups. For each committee or work group identify the date on which it was established and the makeup of membership (i.e., medical director, providers, social workers).

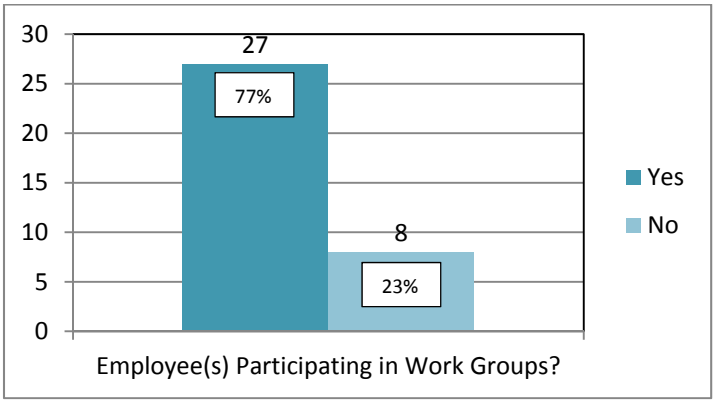


Of the 35 insurers surveyed, 80% (28 insurers) had internal committees or work groups responsible for monitoring medical and treatment issues relating to substance use or addiction; 20% (7 insurers) did not.



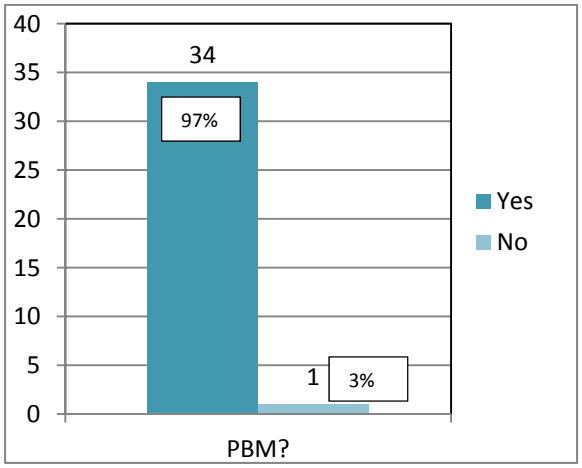
The insurers reported the following committee membership: 77% (27 insurers) had members who were providers; 69% (24 insurers) had members who were medical or pharmacy directors; 26% (9 insurers) had social worker members; 20% (7 insurers) had counselor/peer members; and 69% (24 insurers) had members identified as other. The insurers indicated that committee creation dates ranged from 1986 to 2016, with a majority of committees established in 2015 or later.

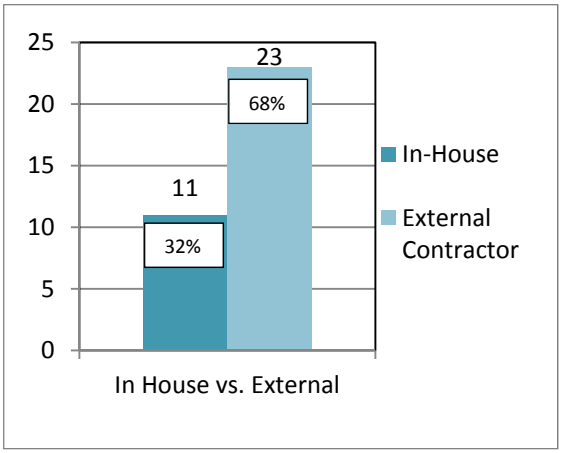
3. Does your company have employees who as part of their job responsibilities participate on internal or external professional committees or work groups regarding substance use or addiction?



Of the 35 insurers surveyed, 77% (27 insurers) had employees with job responsibilities including participation on professional committees or work groups regarding substance use or addiction; 23% (8 insurers) did not.

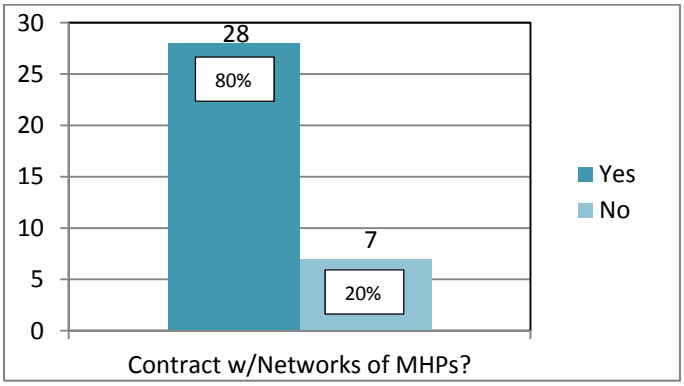
4. Does your company contract with a Prescription Benefit Manager (PBM) to administer prescription drug benefits? Is the PBM in-house (owned by the company or its parent)? Provide a list of the PBMs with which your company contracted during 2016.





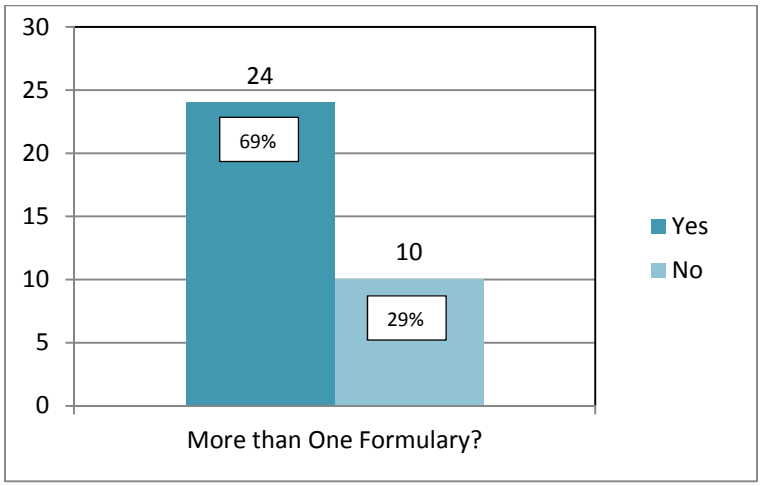
Of the 35 insurers surveyed, 97% (34 insurers) contracted with PBMs. Of the 34 insurers that contracted with PBMs, 32% (11 insurers) had contracts with PBMs owned by the insurer or its parent company; 68% (23 insurers) contracted with external contractors. The insurers identified contracted PBMs as including Optum Rx, Express Scripts, Navitus, Magellan, CVS/Caremark, and company-owned PBMs.

5. Does your company contract with provider networks for any mental health, substance use disorder and/or behavioral health services? Provide a list of the names of the provider networks. Include both (1) networks that provide only mental health, substance use disorder and/or behavioral health services and (2) those that include these providers and services as part of the network.



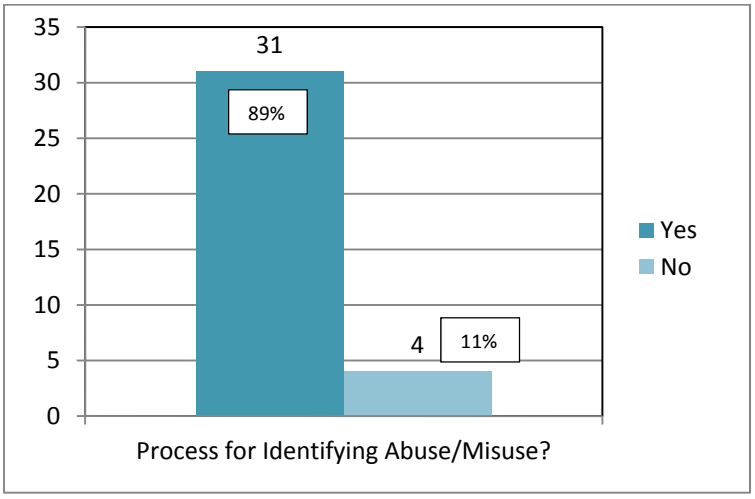
Of the 35 insurers surveyed, 80% (28 insurers) contracted with provider networks for mental health, substance use disorder and/or behavioral health services; 20% (7 insurers) did not contract with these types of networks. Some insurers indicated they contracted directly with specific mental health providers (MHPs) rather than choosing to contract with a network.

6. Does your company offer more than one prescription drug formulary to its commercial individual and group markets?



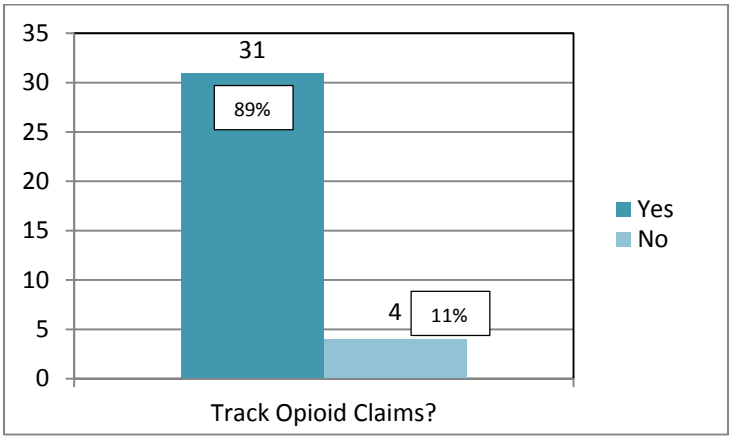
Of the 35 insurers surveyed, 69% (24 insurers) offered more than one prescription drug formulary to their commercial individual and group markets; 29% (10 insurers) offered only one formulary; 1 insurer indicated it was no longer offering new coverage.

7. Does your company have a process for identifying patterns of potential prescription drug abuse or misuse?



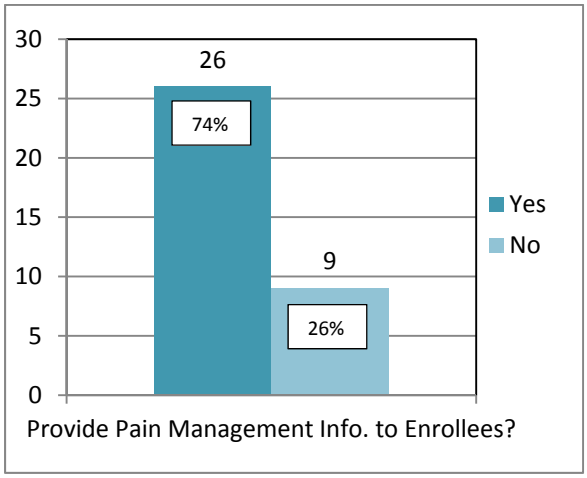
Of the 35 insurers surveyed, 89% (31 insurers) had a process for identifying patterns of potential prescription drug abuse or misuse; 11% (4 insurers) did not.

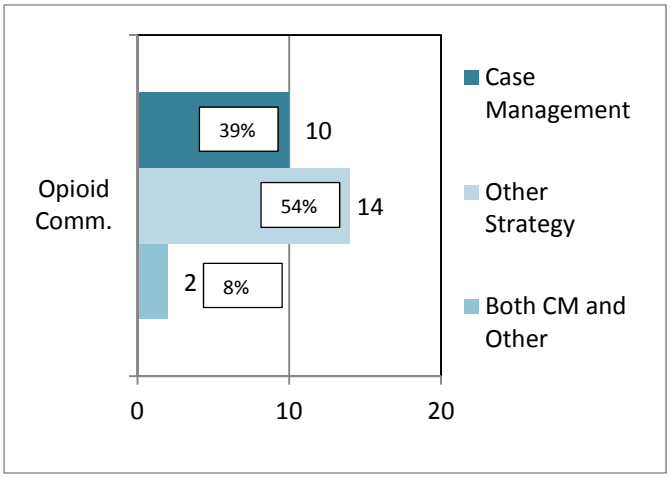
8. Does your company track prescription drug claims for opiates and/or opioids?



Of the 35 insurers surveyed, 89% (31 insurers) tracked prescription drug claims for opiates and/or opioids; 11% (4 insurers) did not.

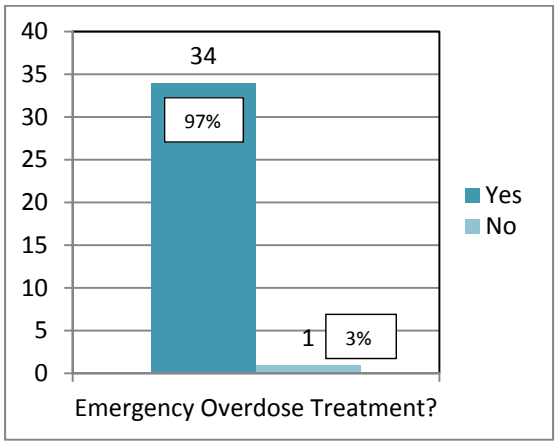
9. Does your company provide enrollees with information regarding pain management options? If so, explain the information provided and how communicated.

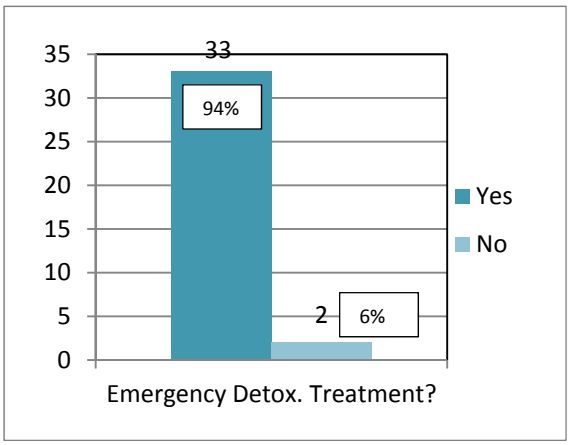




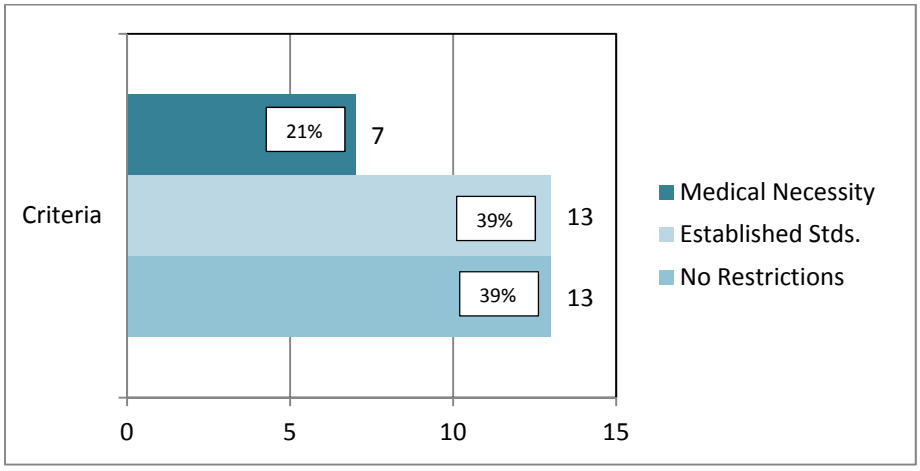
Of the 35 insurers surveyed, 74% (26 insurers) provided their enrollees with information about pain management options; 26% (9 insurers) did not. Of the 26 insurers providing information, 39% (10 insurers) used case management to provide information about pain management options; 54% (14 insurers) used other strategies; 8% (2 insurers) used both case management and other strategies to communicate the information. The other strategies identified included publishing materials on insurer Web sites or sending materials to employers/groups.

10. Does your company cover medication-assisted treatment on an emergency or urgent care basis for an overdose treatment? Does your company cover medication-assisted treatment on an emergency or urgent care basis for a detoxification treatment? If so, describe the medical history and treatment criteria that must be met before such coverage is extended.





Of the 35 insurers surveyed, 97% (34 insurers) covered medication-assisted treatment on an emergency or urgent care basis for an overdose treatment; 94% (33 insurers) covered medication-assisted treatment on an emergency or urgent care basis for a detoxification treatment.



Of the 33 insurers that covered both emergency or urgent care medication-assisted treatment for overdose treatment and for detoxification treatment, 21% (7 insurers) used medical necessity criteria; 39% (13 insurers) used established standards to make coverage determinations; 39% (13 insurers) had no such restrictions for coverage.

11. Indicate the time frames for considering and approving/rejecting a medical claim or authorization and a pharmacy claim or authorization for medication-assisted treatment and counseling.

Medical Claim Time Frame	
No prior auth.	14.29%
1-15 days	48.57%
1-30 days	20.00%
> 30 days	2.86%
Indefinite; N/A	14.29%
	100.00%

Pharmacy Claim Time Frame	
No prior auth.	25.71%
1-15 days	54.29%
1-30 days	14.29%
> 30 days	0.00%
Indefinite	5.71%
	100.00%

12. Does your company's most commonly offered prescription drug formulary cover the following medications in the most common form of delivery (e.g., pill versus injection), and does coverage require pre-authorization/certification, step therapy, only cover during detox, cover during maintenance, or require that coverage be combined with counseling?

Medication	On Formulary?	Restrictions?
Antabuse	91.18%	1 insurer required prior authorization
Buprenorphine	94.12%	11 companies required prior authorization
Methadone	85.29%	1 insurer required prior authorization
Naltrexone	97.06%	No insurers restricted access to the drug
Revia	73.53%	3 insurers required prior authorization, and one of those also required step therapy
Suboxone	85.29%	9 insurers required prior authorization, and 4 insurers (not included in the 85.29%) would only cover the drug with prior authorization and step therapy
Vivitrol	88.24%	18 insurers required prior authorization, and 3 of those also required step therapy

NOTES

- Disulfram is sold under the trade name Antabuse.
- Buprenorphine is the generic name for Suboxone, Subutex, and Zubsolv.
- Methadone is a generic drug often sold under the brand name Dolophine.
- Naltrexone is the generic name for Revia and Vivitrol. It should not be confused with naloxone, which is used for overdose treatment.

Most insurers noted that Vivitrol was covered under the medical benefit rather than included in the formulary. One insurer did not respond to this question indicating it did not offer new coverage.

13. Indicate the length of time covered by a pre-authorization approval for addiction treatment medications before another pre-authorization is required.

Length of Time Covered by Prior Authorization	
N/A, No Prior Auth.	22.86%
3 months	8.57%
6 months	20.00%
12 months	48.57%
	100.00%

14. Indicate the number of prescription drug tiers in your most commonly offered prescription drug formulary.

Number of Tiers in Most Popular Formulary	
2 Tiers	2.94%
3 Tiers	35.29%
4 Tiers	32.35%
5 Tiers	23.53%
6 Tiers	2.94%
N/A - no formulary	2.94%
	100.00%

Of the 35 insurers surveyed, 94% (33 insurers) used formularies; 1 insurer did not use formularies; 1 insurer indicated it did not offer new coverage.

15. For the following medications and their generic equivalent(s), indicate the prescription drug tier under your most commonly offered prescription drug formulary.

Medication	Brand Name Covered?	Tier					Generic Covered?	Generic Tier		
		1	2	3	4	5+		1	2	3+
Antabuse	70.59%	8.33%	20.83%	62.50%	8.33%	0.00%	97.06%	84.85%	15.15%	0.00%
Buprenorphine	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	94.12%	78.13%	21.88%	0.00%
Methadone	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	73.53%	88.00%	12.00%	0.00%
Naltrexone	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	97.06%	78.79%	15.15%	6.06%
Revia	58.82%	10.00%	15.00%	65.00%	10.00%	0.00%	91.18%	80.65%	12.90%	6.45%
Suboxone	85.29%	6.90%	62.07%	24.14%	6.90%	0.00%	61.76%	90.48%	9.52%	0.00%
Vivitrol	47.06%	0.00%	25.00%	25.00%	37.50%	12.50%	11.76%	100.00%	0.00%	0.00%

NOTES

N/A means not applicable as the medication is generic.

- Disulfram is sold under the trade name Antabuse.
- Buprenorphine is the generic name for Suboxone, Subutex, and Zubsolv.
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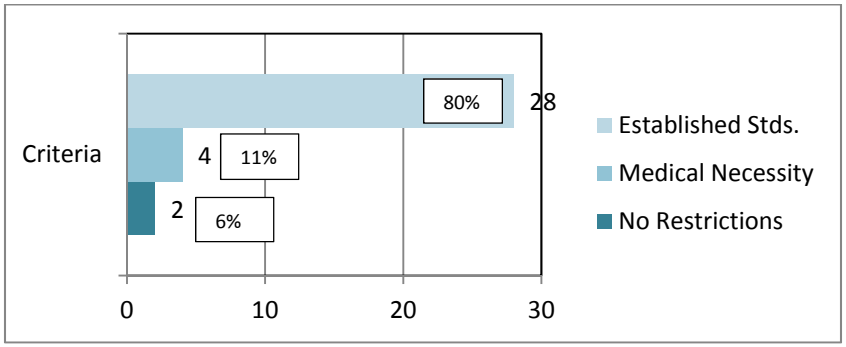
- Naltrexone is the generic name for Revia and Vivitrol. It should not be confused with naloxone, which is used for overdose treatment.

Most insurers noted that Vivitrol was covered under the medical benefit rather than included in the formulary. One insurer did not respond to this question indicating it did not offer new coverage.

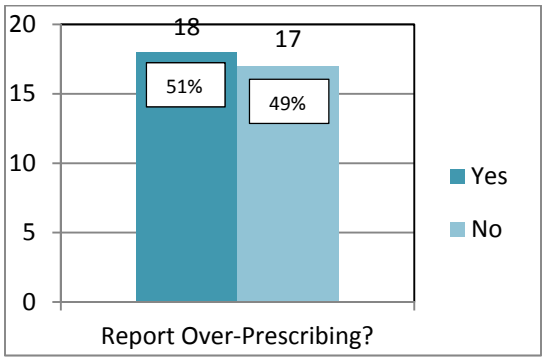
16. Describe the process and resources used to determine whether a request for opioid addiction treatment and counseling coverage is evidence-based.



Of the 35 insurers surveyed, 80% (28 insurers) indicated they used established standards to determine whether a request for opioid addition treatment and counseling coverage was evidence-based; 11% (4 insurers) used medical necessity; 6% (2 insurers) indicated they did not restrict treatment and counseling coverage. One of the insurers did not respond to this question indicating it does not specifically cover opioid addiction treatment.

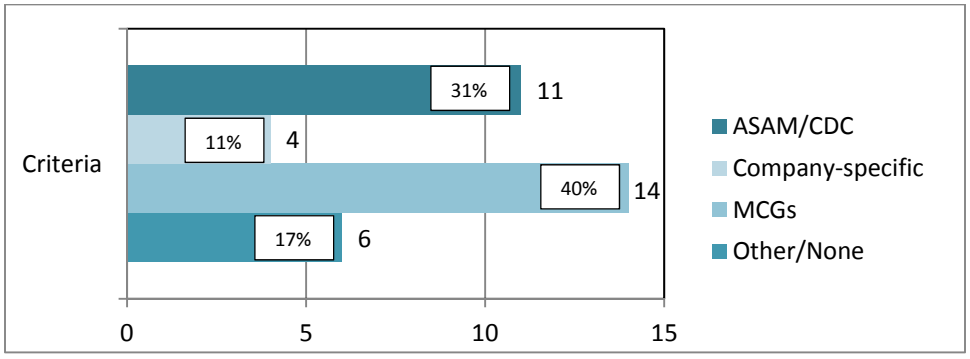
17. Does your company report over-prescribing to another entity or regulatory agency? If so, list the entity or regulatory agency.

NOTE
Insurers surveyed included those with short-term medical plans that include waiting period and limitations.



Of the 35 insurers surveyed, 51% (18 insurers) report over-prescribing to another entity or regulatory agency; 49% (17 insurers) did not report over-prescribing. The insurers identified the entities or regulatory agencies that would be notified as including the Drug Enforcement Administration (DEA), the Wisconsin Department of Safety and Professional Services (DSPS), the Centers for Medicare & Medicaid Services (CMS), a state board/credentialing committee, the Wisconsin Department of Health Services (DHS), the Wisconsin Prescription Drug Monitoring Program (PDMP), and, most commonly, local law enforcement.

18. Does your company use American Society of Addiction Medicine (ASAM) or Centers for Disease Control and Prevention (CDC) criteria for placement, continued stay and transfer/discharge of patients when determining a patient's individual needs? If not, what criteria are used?



NOTE
MCGs was formerly known as Milliman Care Guidelines.

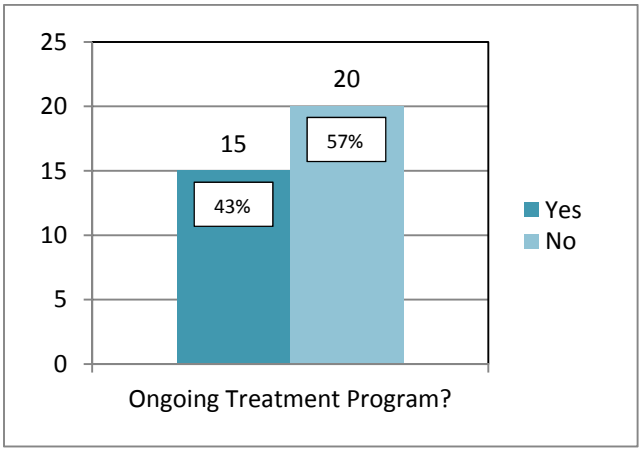
Of the 35 insurers surveyed, 31% (11 insurers) used ASAM or CDC criteria for placement, continued stay and transfer/discharge of patients; 11% (4 insurers) used company-specific criteria; 40% (14 insurers) used MCGs criteria; 17% (6 insurers) used other/none.

19. Indicate for your most commonly offered plan whether the following coverage is provided and, if so, whether your company's utilization management guidelines specify any day or time limits that apply to the opioid addiction treatment per contract year.

Benefit	Covered?	Day Limits?			Time Limits?		
		None	Med. Nec.	Other	None	Med. Nec.	Other
Continuing care	97.06%	72.73%	27.27%	0.00%	75.76%	24.24%	0.00%
Inpatient hospitalization	97.06%	69.70%	30.30%	0.00%	75.76%	24.24%	0.00%
Residential rehabilitation	97.06%	63.64%	30.30%	6.06%	69.70%	24.24%	6.06%
Transitional treatment arrangement	94.12%	71.88%	28.13%	0.00%	78.13%	21.88%	0.00%
Outpatient rehabilitation	97.06%	69.70%	30.30%	0.00%	75.76%	24.24%	0.00%
Out-of-state treatment	88.24%	73.33%	26.67%	0.00%	76.67%	23.33%	0.00%

One insurer did not respond to this question indicating it did not offer new coverage.

20. Does your company offer a program that provides intermittent, periodic relapse prevention and sobriety maintenance services that may be required monthly, quarterly or for two or more years following addiction treatment and recovery?



Of the 35 insurers surveyed, 43% (15 insurers) offered programs that provided intermittent, periodic relapse prevention and sobriety maintenance services following addiction treatment and recovery; 57% (20 insurers) did not.