MACPAC

Panel: Utilization Management of Medication-Assisted Treatment

Medicaid and CHIP Payment and Access Commission

Nevena Minor

IMPACT OF UTILIZATION MANAGEMENT POLICIES ON TREATING OPIOID ADDICTION: *A PROVIDER PERSPECTIVE*

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MACPAC

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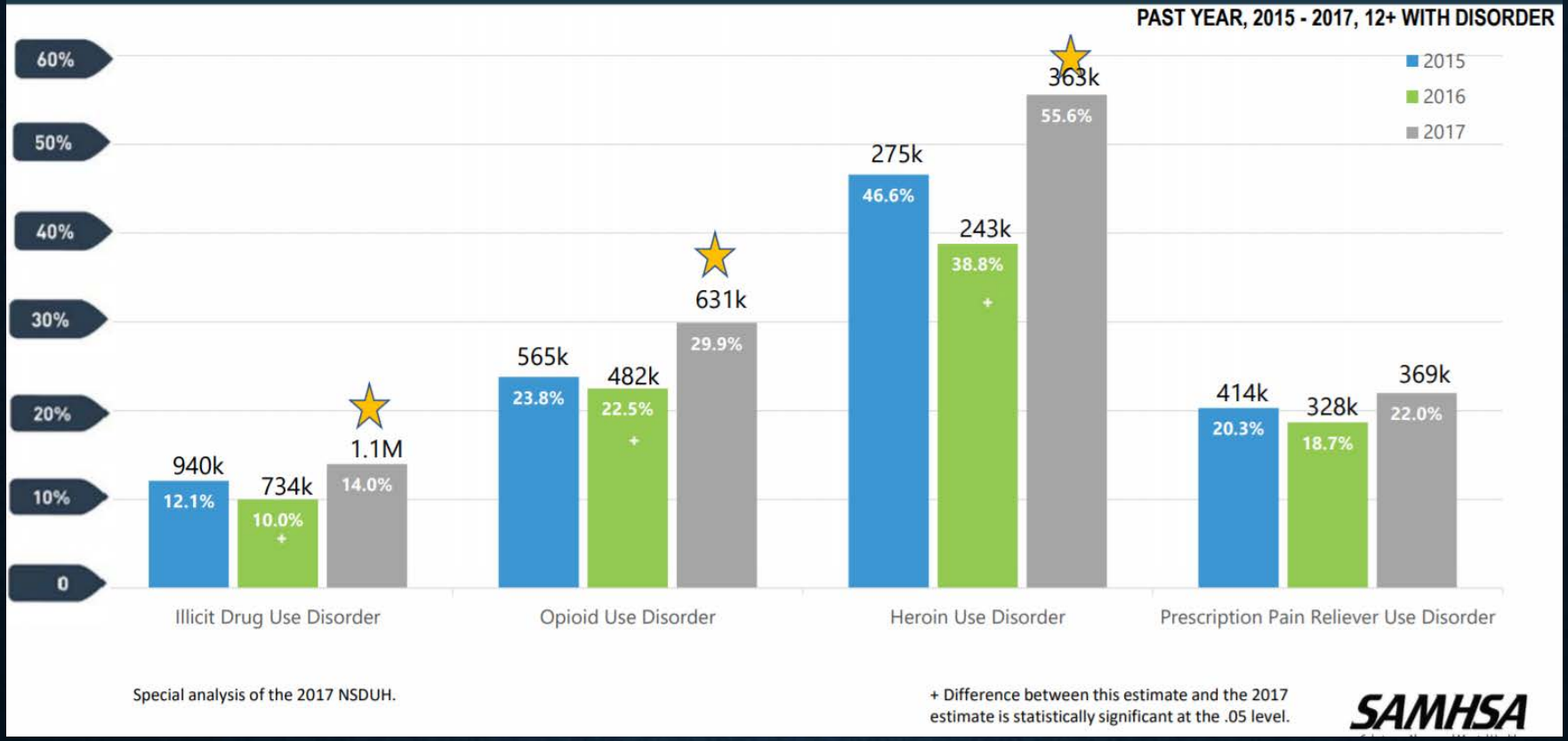
DEFINITION OF ADDICTION

- Primary, **chronic disease** of brain reward, motivation, memory and related circuitry
- Characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response
- Cycles of recurrence and remission
- W/o treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death

Receipt of Opioid Use Disorder Treatment at Specialty Facilities or Private Doctor Offices



Special analysis of the 2017 NSDUH.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

SAMHSA

	Methadone	Buprenorphine	Naltrexone
Mechanism of Action	Full opioid agonist	Partial opioid agonist	Opioid antagonist
DEA Schedule	Schedule II	Schedule III	Unscheduled
Treatment Location	SAMSHA-approved Opioid Treatment Programs (OTPs)	OTPs or Office-Based Opioid Treatment (OBOT)	Any setting
Available at Retail Pharmacy for Addiction?	No	Yes (except for injectable form)	Yes (except for injectable form)
Precautions	Benzodiazephines or other sedative-hypnotics should be used with extreme caution but should not prohibit initiation of treatment.	Patients with physical dependence should be in withdrawal at initiation. Benzodiazephines or other sedative-hypnotics should be used with extreme caution but should not prohibit initiation of treatment.	Requires 7 -10 days of abstinence before initiation

WHAT WE KNOW ABOUT THE USE OF MEDCIATIONS FOR THE TREATMENT OF OPIOID USE DISORDER

- The longer people stay on their FDA-approved medications for the treatment of opioid use disorder, the better they do in terms of morbidity, mortality, and functionality
  - Mortality is 2-3 times higher when patients off of medications
  - Medication associated with:
    - Increase in employment
    - Decreased criminal activity
    - Reduction in HIV & Hepatitis C transmission
- Decreased access to FDA-approved medications for the treatment of opioid use disorder is associated with increased risk of diversion and overdose

UTILIZATION MANAGEMENT (UM)

- Even with evidence re: effective treatment, patients and providers continue to face barriers imposed by insurers
- Common UM techniques
  - Fail first
  - Prior authorization
  - Step therapy
  - Duration limits
  - Dose/Quantity limits
- UM negatively impacts patients and their providers
  - Long waits for approvals → delayed access to care → ↑ risk of overdose, death
  - Additional staff time and FTEs to focus on processing paperwork
  - Different UM per insurer → time navigating pathways/processes

DIVERSION

- Many cite lack of evidence-based treatment access as a factor in diversion
- Why?
  - Prior authorization delays treatment → increased likelihood that patient looks for alternative to treatment → delayed treatment may actually exacerbate diversion
- UM is not the best way to manage concerns about diversion
- Insurers should help control diversion by expanding access to evidence-based addiction treatment

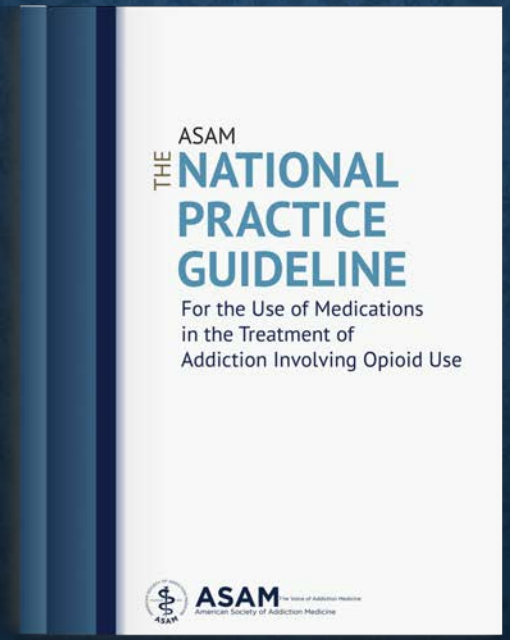
BEHAVIORAL THERAPY REQUIRED

- Some Medicaid programs require documentation re: receipt of/referral to counseling by someone other than the prescriber
- Each treatment plan should be individualized
  - Per ASAM guidelines: *"Decisions about the appropriate type, modality, and duration of treatment should remain the purview of the treatment provider and the patient, working in collaboration to achieve shared treatment goals."*
- Evidence-based third-party counseling may not be available everywhere
- Not every patient needs third-party counseling
  - Several randomized-controlled trials found no benefit of additional counseling in OBOT settings
- Some patients can be managed with medical management alone

SUMMARY

- Addiction is a chronic, remitting and recurring brain disease
- Insufficient access to evidence-based treatment remains a barrier
- Medications for addiction treatment have the best evidence for improved function and mortality reduction
- Utilization management (UM) practices negatively impact patients and providers, delaying access to care
- Any implemented UM practices should be evidence-based

FOR MORE INFORMATION:



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