

AMCP Addiction Treatment Advisory Group:

Findings and Considerations for the Evidence-Based Use of Medications Used in the Treatment of Substance Use Disorder

Because of the central roles managed care organizations play in population management, appropriate medication selection, care coordination, and health care provider education, they are uniquely positioned to provide solutions to the complicated problems of addiction treatment. Recognizing the widespread and devastating nature of the opioid crisis, the Academy of Managed Care Pharmacy (AMCP) staff formed the Addiction Treatment Advisory Group in 2015 based on the recommendation from the AMCP Partnership Forum, Breaking the Link between Pain Management and Opioid Use Disorder. The purpose of the advisory group was multifaceted and included a focus on gaining insight for managed care organizations to use to improve access to medications for treatment of substance abuse disorder. This group comprised the expertise of 20 national leaders from a wide range of organizations, including behavioral health organizations, outpatient treatment centers, nonprofit advocacy groups, health plans, pharmacy benefit management companies, specialty pharmacies, employers, hospitals, and manufacturers.

The AMCP Addiction Treatment Advisory Group provides the following findings for managed care to consider when designing benefits for patients to access medications for substance abuse disorder. Based on this information, AMCP will provide further education, tools, and resources that managed care organizations may use to improve patient access to treatment for substance use disorders.

AMCP Advisory Group Process

AMCP established the Addiction Treatment Advisory Group to advise on critical issues in the focused subject area of addiction treatment. Advisory Groups are consultative in nature and may produce recommendations or draft work products for review and approval by AMCP staff, Committees, or the Board.

Advisory Group membership was composed of AMCP members and nonmembers with specific expertise in addiction treatment in order to gain a broad perspective from key stakeholders. Advisory Group members were selected by AMCP staff through direct solicitation.

The Advisory Group came to consensus on the following considerations for the evidence-based use of medications used in the treatment of substance use disorder.

Background

In 2014, an estimated 1.9 million people in the United States suffered from substance use disorders related to prescription opioids, and an estimated 586,000 people were addicted to heroin.¹ Overdose deaths from all opioids have increased by 200% since 2001. According to the Centers for Disease Control and Prevention (CDC), opioids were involved in 61% of the 47,055 drug overdose deaths that occurred in the United States in 2014.²

Current evidence suggests that the most effective way to end the opioid crisis is through a public health approach, focused on preventing and treating opioid use disorder as a chronic disease, while strengthening law enforcement efforts to address illegal supply chain activity.

AMCP's interest in providing guidance on decreasing barriers to access is consistent with other state and federal initiatives. President Obama recently issued a Presidential Memorandum requiring departments to develop plans to address barriers to opioid use disorder treatment in federal programs. This memorandum has resulted in actions by the Federal Employees Health Benefits Program (FEHBP) calling on health plans to review and improve access to medication-assisted treatment.³ In its 2017 call letter, the Centers for Medicare & Medicaid Services (CMS) reinforced that Part D formulary and plan benefit designs that hinder access to medication-assisted treatment for opioid use disorder will not be approved.⁴ CMS also released a guidance document to states identifying "Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction," including effective Medicaid pharmacy benefit management strategies and options for expanding Medicaid coverage of and access to opioid use disorder treatment.⁵ Also, The National Governor's Association (NGA), in their Compact to Improve Opioid Addiction, recommended taking actions to ensure a pathway to recovery for individuals with addiction, including effective Medicaid pharmacy benefit management strategies, steps to increase the use of naloxone to reverse opioid overdose, and options for expanding Medicaid coverage of and access to opioid use disorder treatment.⁶

Patients with substance use disorders often have a lifelong, relapsing disease state and are often

Findings and Considerations for the Evidence-Based Use of Medications Used in the Treatment of Substance Use Disorder

emotionally and medically fragile. These patients frequently face complex treatment environments that are fragmented and highly controlled, which can have a negative impact on treatment success. Currently, less than one third of patients in treatment receive medications to treat these disorders. We hope that these recommendations can provide support to organizations working to continuously improve their benefit design and engage in best practices to support patients using medications for the treatment of substance use disorder, also known as medication-assisted treatment (MAT).

Evaluate and update, as needed, managed care policies, processes, and benefit designs related to substance use disorders based on current evidence and evolving understanding of substance use disorders as chronic health conditions.

Evidence-based utilization management policies (e.g., medical policies or medication utilization policies) recognize that individual patients are unique, and therapy often needs to be flexible and customized. As with all disease states, the choice of available medication treatment options for substance use disorders should be a shared decision between the clinician and the patient. Therefore, ensuring evidence-based access to medications used in the treatment of substance use disorders is recommended. Psychosocial treatment is also recommended in conjunction with pharmacological treatment of substance use disorders.¹

Managed care organizations can assist in improving substance use disorder treatment outcomes by reviewing and updating benefit coverage requirements/policies, as necessary, to ensure timely access to appropriate medications used in the treatment of substance use disorders. This includes reviewing evidence-based prior authorization criteria for MAT, evaluating the impact of step therapy criteria on treatment success, evaluating the impact of narrow pharmacy networks on timely access to medications used to treat substance use disorders, and encouraging generic substitution when appropriate. Payers can also provide reimbursement for components of comprehensive evidence-based treatment and recovery, including medication, office visits, behavioral interventions, and wrap-around services. Payers can also use payment strategies (e.g., pay-for-performance, quality metrics, and separating behavioral health from payment bundles) to increase access to evidence-based medication treatment

and behavioral interventions and promote integration of behavioral health and primary care.

Unique to the treatment of substance use disorder is the sometimes narrow window for patient acceptance of treatment. Therefore, decision makers are encouraged to develop processes that allow for timely initiation of evidence-based treatments and consider new opportunities for their initiation (e.g., begin medications used to treat substance use disorder in emergency departments following an opioid overdose or drug-related event).

Lower out-of-pocket cost for medications, including use of generics, has also been shown to increase medication adherence and access. Evaluation of benefit design for these medications may also be appropriate if current benefit designs place a substantial financial burden on patient access or create barriers for the appropriate utilization of these medications by patients. Managed care organizations are encouraged to partner with pharmaceutical manufacturers to develop strategies to increase access to care, improve outcomes, and help reduce costs associated with care for patients with substance use disorders.

Coverage policies should align with the current evidence and support the provision of medications and behavioral health services as effective, evidence-based strategies for treating substance use disorders.

Enhance continuity of care for patients with substance use disorders by actively managing transitions of care between sites of care and between medical, pharmacy, and mental health needs.

Critical opportunities for care improvement exist when patients are admitted for inpatient/residential treatment and when they are transitioning to an outpatient or follow-on care setting. For patients with active substance use disorders, transitions between care settings can be particularly challenging,¹¹ with a high percentage of patients not successfully transitioning to follow-up care.¹² Managed care organizations and health care professionals can collaborate to implement best practices that focus on closing the gaps in the care transition process and supporting enhanced discharge planning. Examples could include ensuring that utilization management techniques seamlessly cross care settings; confirming that health care professionals are pre-identified and can provide medications used in the treatment of substance use disorder and deliver appropriate follow-up care; and validating that patient engagement occurs both pre- and

Findings and Considerations for the Evidence-Based Use of Medications Used in the Treatment of Substance Use Disorder

postdischarge. By actively evaluating, engaging, and managing networks to meet performance guarantees and provide timely access to care, managed care organizations will improve clinical outcomes for patients with substance use disorders.^{13,14}

Improve health care professional and patient awareness of, and access to, medications used in the treatment of substance use disorders.

Substance use disorder is a chronic health condition, and managed care organizations and health care professionals should reinforce collaborative practices that prevent overdose, ensure referral, and prevent relapse and readmission. According to the American Society of Addiction Medicine (ASAM) Standards of Care, all patients with substance use disorders should be offered medications as part of their treatment plan. Currently, fewer than 40% of patients use medications for the treatment of substance use disorders.¹⁵

Managed care organizations are in a unique position to provide appropriate provider education and quality incentives to health care professionals to ensure compliance with evidence-based guidelines and facilitate the use of medications used in the treatment of substance use disorders. Engaging in a collaborative process to raise awareness and educate physicians, pharmacists, behavioral health professionals, employers, and other managed care clients about the value and appropriate use of these medications can result in improved patient outcomes and decreased total cost of care.

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