Passport Health Plan
Medication Assisted Treatment for Opioid Use Disorder

Kristen Andrews, PsyD.
Paula Straub, RPh
May 9, 2017
Objectives

✓ Summarize current national and state trends related to the impact of the current opioid epidemic on morality and health.
✓ Discuss the disease model of addiction and the process of recovery.
✓ Summarize Passport’s array of covered services for Substance Use Disorder, including Opioid Use Disorder
✓ Describe and recognize the efficacy of Medication Assisted Treatment for Opioid Use Disorder
✓ Obtain resources re: obtaining waiver to prescribe buprenorphine.
✓ Understand current regulations impacting the delivery of MAT for OUD.
✓ Learn how to navigate Passport’s Pre-authorization process for MAT medications.
The Opioid Epidemic

National Overdose Deaths
Number of Deaths from Opioid Drugs

Source: National Center for Health Statistics, CDC Wonder
The Opioid Epidemic

National Overdose Deaths
Number of Deaths from Prescription Opioid Pain Relievers (excluding non-methadone synthetics)

Source: National Center for Health Statistics, CDC Wonder
The Opioid Epidemic

National Overdose Deaths
Number of Deaths from Heroin

Source: National Center for Health Statistics, CDC Wonder
The Opioid Epidemic

National Overdose Deaths
Number of Deaths from Heroin and Non-Methadone Synthetics (captures illicit opioids)

Source: National Center for Health Statistics, CDC Wonder
The Opioid Epidemic

Opioid deaths in 2015

Age-adjusted death rates (per 100,000) for overdose deaths from all opioid drugs

Source: CDC WONDER
Kentucky’s Epidemic

Drug Overdose Deaths by Decedent’s County of Residence 2015

Death count

- 0
- <5
- 5 - 50
- 51 - 100
- 101 - 200
- Appalachian Counties

Note: Produced by the Kentucky Injury Prevention and Research Center (http://www.mch.uky.edu/kiprc/), May 31, 2016. Data are provisional and subject to change. Numbers between 0 and 5 were suppressed according to state data release policy.
Neonatal Abstinence Syndrome

*NAS Cases per 1000 hospital births

Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome - 28 States, 1999-2013
Hepatitis C and HIV

Where Disease Eruption Is a Threat
A CDC report identified 220 counties where factors such as unemployment rates, overdose deaths and sales of prescription painkillers contribute to a high vulnerability for outbreaks of HIV and hepatitis C among injection drug users.

 Counties vulnerable to outbreaks of HIV and hepatitis C

Source: Centers for Disease Control and Prevention

THE WALL STREET JOURNAL.
Disease Model of Addiction

Risk Factors:
- Biology/Genes
  - Genetics
  - Gender
  - Mental disorders
- Environment
  - Chaotic home and abuse
  - Parent’s use and attitudes
  - Peer influences
  - Community attitudes
  - Poor school achievement

Drug
- Early use
- Availability
- Cost

Brain Mechanisms

Addiction
The Recovery Process

- Multi-dimensional assessment
- Placement within the treatment continuum
- **Individualized** treatment plans
- Utilization of a variety of tools and evidence-based practices
- Long term supports and services
- Addressing social determinants that interfere with long term recovery
Passport Offers Full Continuum of Treatment Services

- detox or withdrawal management
- substance use disorder residential services
- crisis stabilization units
- partial hospitalization
- intensive outpatient services
- the components of medication assisted treatment
- substance use disorder case management
- outpatient services including individual, group, and family therapy.
- early intervention-Screening, Brief Intervention, Referral to Treatment (SBIRT) in primary care and behavioral health settings
Passport Behavioral Health Support Services

• Access and Crisis Line
  – 24 hour Behavioral Health Crisis Hotline
    844-231-7946 TTY/TDD: 866-727-9441
  – Behavioral Health Access Line
    1-855-834-5651 / TTY/TDD: 1-866-727-9441

• 3 Levels of Case Management
  1. Case Consultation
  2. Case Collaboration
  3. Intensive Case Management
Medication Assisted Treatment

• FDA-approved medications in combination with evidence-based behavioral therapies

• Goals:

1. Reduce acute or long-term withdrawal symptoms
2. Prevent cravings
3. Block the effects of illicit substances
4. Help the individual to function normally
5. Promote ongoing recovery
6. Help the individual lead a healthy, quality life
The Evidence

- The NIDA, SAMHSA, NIAA, CDC, and ASAM other agencies emphasize MAT as first line treatment (1)
- MAT has been shown to be more effective than treatments that do not use medication in reducing the frequency and quantity of opioid use (2, 3)
- Reduces the risk of overdose, improving social functioning and decreasing criminal activity and infectious disease rates (4)
- MAT has been shown to significantly augment treatment retention, reduce illicit opioid use, reduces the burden of opioid craving
  - in the case of agonist therapies, provides effective relief of the opioid withdrawal syndrome (5)
- MAT is a stabilizing addition to relapse-prevention counseling and mutual help groups (such as Narcotics Anonymous) in that it increases the effectiveness of those interventions (5)
Medications Used in MAT for OUD

- **Methadone (full opioid agonist)**
  - Prevents withdrawal symptoms and reduces craving by activating opioid receptors in the brain
  - For treatment of OUD, restricted to Opioid Treatment Programs (OTP)

- **Buprenorphine (partial agonist)**
  - Eliminates opioid withdrawal symptoms and reduces cravings without producing the euphoria or dangerous side effects
  - Office-Based Opioid Treatment (OBOT)-primary/specialty care
  - Activates and blocks opioid receptors in the brain
  - Ceiling effect
  - Buprenorphine/naloxone.
Medications Used in MAT for OUD (Cont.)

• Naltrexone (antagonist)
  – Prevents relapse following complete detoxification from opioids (does not treat withdrawal)
  – Blocks opioid receptors so if opioids are used, euphoria is blocked.
  – No dependence
  – No prescribing restrictions
  – Overdose risk precaution
MAT Monitoring Requires:

• Close Follow-up and engagement with the individual
  ✓ Initial prescriptions → limited amount
  ✓ Periodic pill counts
  ✓ Drug testing
  ✓ Frequent Review of KASPER data
  ✓ Participation in other treatment (counseling) with monitoring of attendance

• Adjustment to *lowest dose* that will control symptoms *and* periodic attempts to lower/taper dose when clinically appropriate
  ✓ A percentage will require long-term maintenance
Buprenorphine-Regulatory Requirements

• Physician to must qualify for a physician waiver
  – Includes 8 hours CME and exam and applying for the waiver (https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management)
  – 30 patient limit first year, can apply for 100 patient increase; 275 limit increase after one year of treating 100 patients
  – Expansion of prescribing to NPs and PAs: https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers

• State Regulations
# Buprenorphine/Naloxone Products

<table>
<thead>
<tr>
<th>Strengths Available</th>
<th>Buprenorphine/Naloxone</th>
<th>Suboxone</th>
<th>Zubsolv</th>
<th>Bunavail</th>
</tr>
</thead>
<tbody>
<tr>
<td>2mg/0.5mg, 8mg/2mg</td>
<td>2mg/0.5mg, 4mg/1mg, 8mg/2mg, 12mg/3mg</td>
<td>0.7mg/0.18mg, 1.4mg/0.36mg, 2.9mg/0.71mg, 5.7mg/1.4mg, 8.6mg/2.1mg, 11.4mg/2.9mg</td>
<td>2.1mg/0.3mg, 4.2mg/0.7mg, 6.3mg/1mg</td>
<td></td>
</tr>
<tr>
<td>Dissolving SL Tablet</td>
<td>Dissolving SL Tablet</td>
<td>Dissolving SL Tablet</td>
<td>Dissolving Buccal Film</td>
<td></td>
</tr>
<tr>
<td>Induction/Maintenance Therapy</td>
<td>Induction and Maintenance</td>
<td>Induction and Maintenance</td>
<td>Induction and Maintenance</td>
<td>Maintenance-just approved last week for Induction therapy</td>
</tr>
<tr>
<td>Notes</td>
<td>Available generic</td>
<td>Rapid dissolution, small tablet</td>
<td>Twice the bioavailability of other products</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>$$</td>
<td>$$$</td>
<td>$$$</td>
<td>$$</td>
</tr>
<tr>
<td>Passport Formulary</td>
<td>Preferred</td>
<td>Preferred</td>
<td>Non-Preferred</td>
<td>Non-Preferred</td>
</tr>
</tbody>
</table>
Prior Authorization

- Fax number for submission – 844-802-1406
- Phone number for questions – 844-380-8831
- 2 forms available online at http://passporthealthplan.com/pharmacy/prior-authorizations/
- Universal Form – required to be posted by all MCOs
- Passport specific form – outlines specifically the information needed to be submitted with each request
Prior Authorization

Information Required:

- Prescriber Information – Contact info, “X” DEA license number
- Patient Information – Name, DOB, Member ID
- Prescription Information – Drug Name, Drug Strength, Quantity, Directions
- Documentation of review of monthly KASPER reports (date and request number)
- Drug Screen – Date and Results
  - Minimum 8 drug screens required within a 12 month period
  - Written explanation required for negative drug screens for buprenorphine or norbuprenorphine
  - Two drug screens within each 12 month period should be random and coupled with a pill count
Prior Authorization

Information Required Continued:

- Substance Abuse Counseling – Name of licensed professional or organization (Note a 12-Step program ALONE is considered social support and not professional counseling)
- Prescriber and Patient Signed “Statement of Understanding Form – Taking Buprenorphine-Containing Products”
  - Last page of prior authorization form available online
- Documentation of negative pregnancy test and counseling for females of childbearing age
Prior Authorization

Drug Name (select from list of drugs shown)
- Bunavail Buccal Film (buprenorphine-naloxone)
- Buprenorphine SL Tablet
- Buprenorphine-Naloxone SL Tablet
- Suboxone Sublingual Film (buprenorphine-naloxone)
- Subutex Sublingual Tablet (buprenorphine)
- Zubsolv Sublingual Tablet (buprenorphine-naloxone)

Quantity __________________ Frequency __________________ Strength __________________
Route of Administration __________________ Expected Length of Therapy ____________

Patient Information
- Patient Name: __________________________
- Patient ID: ____________________________
- Patient Group No.: ______________________
- Patient DOB: __________________________
- Patient Phone: _________________________

Prescribing Physician
- Physician Name: ________________________
- Physician Phone: _______________________
- Physician Fax: _________________________
- Physician Address: _____________________
- City, State, Zip: ________________________

Diagnosis: ____________________________ ICD Code: _____________________________

Comments: ____________________________

Please circle the appropriate answer for each question.

1. Is the request for reauthorization of a previously approved prior authorization through Passport? Y N
   [If yes, then skip to question 27.]
2. Is the patient 16 years of age or older? Y N
   [If no, then no further questions.]
3. Has the prescriber been issued an “X” DEA license number to prescribe buprenorphine-containing products for the treatment of opioid dependence? Y N
   [If no, then no further questions.]
4. Did the prescriber utilize one of the following diagnostic and/or screening tools: A) Diagnostic and Statistical Manual of Mental Disorders, B) DAST, C) COWS Assessment? Please indicate which tool was utilized in screening. Y N
   [If no, then no further questions.]
5. Has the prescriber obtained and reviewed a KASPER report (or equivalent report if out of state) for the patient for the twelve (12)
Resources

• For credentialing and enrollment questions, please email Passport.Credentialing@passporthealthplan.com.
• For behavioral health claims questions, please call 1-888-249-0478.
• Provider Services: 1-800-578-0775 or contact your Provider Rep
Resources (Cont.)

- Provider Clinical Support System for Opioid Therapies (PCSS-O) ([http://pcss-o.org/](http://pcss-o.org/))
  - FREE CME programs on the safe and effective use of opioids for treatment of chronic pain and safe and effective treatment of opioid use disorder
- Provider Clinical Support System for MAT (PCSS-MAT) ([http://pcssmat.org/mentoring/](http://pcssmat.org/mentoring/))
  - FREE PCSS-MAT mentors are a national network of trained providers with expertise in medication-assisted treatment and skilled in clinical education. Mentors provide support by telephone, email, or in person if logistically possible.
Contact Information

• Kristen Andrews, PsyD
  – kristen.andrews@passporthealhplan.com

• Paula Straub, RPh
  – pstraub@phdelivery.com
References

1. http://www.samhsa.gov/medication-assisted-treatment/training-resources/support-organizations


