Medication-Assisted Treatment (MAT) for Opioid Addiction and the Importance of Medical Management

Medication-Assisted Treatment (MAT)

Medication-Assisted Treatment (MAT) is the use of FDA-approved medications in combination with counseling and behavioral therapies, to treat substance use disorders, such as opioid use disorder (OUD), which are chronic conditions requiring ongoing care. The three medications commonly used to treat OUD include methadone, naltrexone, and buprenorphine.

Methadone is administered daily in pill, liquid, or wafer form and can only be dispensed in specially-regulated clinics. Methadone is an *agonist*, meaning it attaches to the same receptors in the brain as opioids and produces a similar chemical reaction. Methadone helps relieve withdrawal symptoms and reduce cravings; however, methadone can also result in physiological dependence and patients can develop a tolerance to the medication.

Naltrexone can be administered as a monthly injection in an office-based setting by any provider licensed to prescribe medications. Naltrexone is an *antagonist*, meaning it attaches to the same receptors in the brain as opioids and blocks the effects of narcotics. Patients are at risk of overdose if they skip a naltrexone dose. Naltrexone is considered non-addictive and patients do not develop a tolerance to the medication.

Buprenorphine can be administered in an office-based setting as a daily dissolving tablet, cheek film, or 6-month implant under the skin by clinicians with special training and a federal waiver to treat OUD. Buprenorphine is a *partial agonist*, meaning it binds to the same receptors in the brain as opioids and produces a partial chemical reaction comparable to the reaction produced by opioids. It helps relieve withdrawal symptoms and reduce cravings. Because there is a limit to its effect, there is a lower risk of patients developing a tolerance or becoming physiologically dependent on buprenorphine.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines MAT to include both approved medications and behavioral therapies, consistent with the position of the Office of the U.S. Surgeon General that evidence-based behavioral therapies are essential to treating substance use disorders. Cognitive behavioral therapy (CBT), for example, has been shown to be effective in modifying behaviors, improving coping skills, and enhancing outcomes when combined with other behavioral and/or pharmacologic components of care.[1] Because individuals struggling with addiction often have other chronic medical and behavioral health conditions, these services must be customized and coordinated to ensure the best possible opportunity for recovery, reinforcing the need for medical management to ensure patients receive safe and effective care and support.

Health Insurance Coverage of MAT

OUD is a chronic condition requiring ongoing, often lifelong treatment. MAT and psychosocial interventions are an important part of a comprehensive, evidence-based treatment and recovery strategy for OUD. Health insurance providers are covering evidence-based treatment for individuals suffering from addiction, including expanded access to MAT, counseling, and behavioral therapy.

[1] McHugh, R. K., Hearon, B. A., & Otto, M. W. (2010). Cognitive-behavioral therapy for substance use disorders. *Psychiatric Clinics of North America*, 33(3), 511-525.

Medical Management and MAT

Medical management tools ensure safe and effective access to MAT. These tools, which include medical appropriateness reviews, tiered formulary and network design, prior authorization, step therapy, and quantity or dosing limits, have become increasingly important in managing pain and treating OUD. For example, these tools enable health insurance providers to:

- Ensure that the clinician administering MAT has the required training and regulatory approval;
- Make sure MAT medications, when co-prescribed with benzodiazepines or other drugs that depress the central nervous system, are carefully managed to reduce the risk of serious side effects;
- Work with clinicians to ensure tailored, patient-focused treatment programs are in place to promote adherence and improve outcomes;
- Encourage use of "centers of excellence" for OUD that coordinate with specialized staff and peer recovery specialists; and
- Monitor members newly prescribed MAT medication to make sure the medication is accompanied by services such as cognitive behavioral counseling, peer support, and community-based support groups.

Medical management approaches may vary across health insurance providers and across private insurance and public programs. For example, some health plans have lifted prior authorization requirements for MAT or waived prior authorization for lower dosages of drugs used for MAT. Some have waived prior authorization for a short-term supply of drugs used in MAT to provide a transition between an immediate need, such as a patient presenting in an emergency department after an overdose, and initiating subsequent addiction treatment. Others have kept prior authorization processes in place to help ensure MAT is provided with psychosocial interventions that are critical for success. Medical management can also ensure the patient's progress is monitored and the treatment plan is adjusted when needed.

Need for Medical Management to Be Responsive to New Evidence and Not Set in Statute

Medical management techniques must remain flexible and responsive to changes in evidence of safety, effectiveness, and value. New medications enter the market every day and best practices in treating OUD continue to evolve. Just recently, the Institute for Clinical and Economic Review (ICER) completed a review of the clinical effectiveness and value of new extended release options for MAT, including a monthly buprenorphine injection, a buprenorphine implant, and a monthly naltrexone injection. The results of these types of studies inform health plan medical management programs. Limiting the use of specific medical management techniques in law or regulation weakens an important set of tools used to protect patient safety and promote effective treatment.

The Real Barriers to Access for MAT

Real barriers to MAT include a national shortage of MAT eligible clinicians, a slowness to accept and adopt evidence-based care on a wide scale, a misconception on the part of some stakeholders that MAT substitutes one drug with another, and the stigma of substance use disorders. For example, there are a limited number of clinicians eligible to provide the estimated 2.8 million patients suffering from OUD with MAT. Moreover, many clinicians eligible to provide MAT do not treat the maximum number of patients allowed. According to SAMHSA, there are about 62,000 clinicians certified to offer MAT, but about 45,000 are only allowed to manage MAT for 30 patients and only about 15,500 providers can manage MAT for 100 patients or more.[2] Compared to the 900,000 clinicians who can prescribe oxycodone, these figures indicate a significant gap in the workforce capacity of MAT prescribers to meet the needs of those suffering from OUD.

Health plans are committed to providing individuals suffering from addiction with access to safe and effective MAT. Medical management tools that can evolve and adapt as new medications are developed and new research emerges is integral to providing access, protecting patients, and improving outcomes.

[2] Https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/physicianprogram-data