American Society of Addiction Medicine

4601 North Park Avenue ● Upper Arcade Suite 101 ● Chevy Chase, MD 20815-4520
Treat Addiction ● Save Lives

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October 14, 2015

Naim Munir MD
Senior Vice President and Chief Medical Officer
Health Alliance Plan of Michigan
2850 W. Grand Blvd.
Detroit, MI 48202

Dear Dr. Munir,

The American Society of Addiction Medicine (ASAM) urges you to reconsider the policy that patients attempt use of oral naltrexone before covering injectable, extended release naltrexone (Vivitrol®). Few patients are successful in maintaining abstinence from opioid use and/or alcohol with oral naltrexone, leaving them susceptible to relapse and the consequences of continued nonmedical opioid or excessive alcohol use, including overdose and death.

Requiring failure on oral naltrexone before allowing access to injectable naltrexone puts a patient at risk for relapse. Skipping oral naltrexone does not cause physical withdrawal,[1] but the tension inherent in the choice to either take the pill or to relapse is fraught with anxiety, guilt and potentially an overdose. With oral naltrexone, delays in adherence can result in using an opioid or drinking alcohol, feeling the effects which would further delay returning to oral naltrexone, leaving the patient vulnerable to the consequences of use, which include criminal behavior, overdose and death.

Oral naltrexone offers no sustained safety net, while extended release naltrexone can buy the patient time to resist the longer term temptation. With injectable naltrexone, should a patient relapse to an opioid, there is no rewarding high or euphoria. Decreased feelings of intoxication and reduced desire to continue drinking occur if a patient relapses to alcohol use.

Because oral naltrexone has high rates of non-adherence and the potential for overdose upon relapse, this treatment is best for candidates who can be closely supervised and monitored with frequent toxicology screens, and who are highly motivated, such as those under threat of legal sanctions.[2]

Phone: (301) 656-3920 ● Fax: (301) 656-3815
E-mail: email@asam.org ● Website: www.asam.org

A clinical trial showed that fewer patients receiving injectable naltrexone had relapsed to heroin use in 6 months than those using oral naltrexone.[3] Extended release naltrexone is a better option for many patients, including those who have contraindications to, or who failed pharmacotherapy with buprenorphine or methadone; patients whose occupations don't permit the use of buprenorphine or methadone, patients confined to drug-free environments such as inpatient rehabilitation; patients living in areas where agonist treatment is not available; individuals who are highly motivated and are willing to taper off their current agonist therapy; or patients who simply do not want to be treated with an agonist.[4]

Extended release naltrexone is also a valuable tool for preventing relapse among patients with alcohol use disorders by increasing likelihood of total alcohol abstinence.[5]

When a physician determines that injectable naltrexone would be the best option for his/her patient, that patient should be able to receive that treatment with minimal bureaucratic hurdles, such as a fail-first requirement, prior authorization, or applying for an appeal. ASAM urges the Health Alliance Plan of Michigan to cover extended release injectable naltrexone for patients with alcohol and/or opioid dependence without a fail-first requirement or prior authorization requirement.

If there are any questions or you would like to discuss this further, please contact Jackie LeGrand, Manager of Payer Relations at ASAM at jlegrand@asam.org or 301-656-3920.

Sincerely,

R. Jeffrey Goldsmith, MD, DLFAPA, FASAM
President, ASAM Board of Directors

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[1] Ries, R., Fiellin, D., et al. The ASAM Principles of Addiction Medicine, Fifth Edition, pg. 739.
[2] ASAM. The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. May 27, 2015. Available at: http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/national-practice-guideline.pdf?sfvrsn=22
[3] Hulse, G., Morris, N., et al., Improving Clinical Outcomes in Treating Heroin Dependence, Arch Gen Psychiatry 2009;66;(10);1108-1115
[4] ASAM. The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. May 27, 2015. Available at: http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/national-practice-guideline.pdf?sfvrsn=22
[5] Ries, R., Fiellin, D., et al. The ASAM Principles of Addiction Medicine, Fifth Edition, pg. 717