



## ADVANCING ACCESS TO ADDICTION MEDICATIONS

A PROJECT OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE – THE VOICE OF ADDICTION MEDICINE



### Advancing Access to Addiction Medications Stakeholder Summit Report

Prepared by the American Society of Addiction Medicine

## Introduction

In November 2011, the Centers for Disease Control and Prevention (CDC) published data demonstrating that the epidemic of opioid pain reliever overdose deaths had worsened over the preceding decade, increasing nearly fourfold from 1999 to 2008.<sup>1</sup> Despite the growing epidemic, which touches every community and corner of the country, states were increasingly restricting access to the very medications approved to treat opioid dependence. After learning of such restrictions in the state of Maine, where the legislature enacted a two-year lifetime limitation on methadone and buprenorphine under the state Medicaid program, the American Society of Addiction Medicine's (ASAM) Board of Directors appointed a Patient Advocacy Task Force (PATF) – Drs. Mark Kraus, Richard Soper, Kelly Clark, Ken Roy, and Mark Publicker – to investigate the extent of the problem and gather data to oppose similar limitations.

The PATF commissioned researchers with the Avisa Group and Treatment Research Institute (TRI) to write the most extensive report to date on Medicaid and commercial insurer coverage of opioid addiction medications as well as their clinical and cost effectiveness. The researchers surveyed all 50 state Medicaid programs and 30 private insurers – 3 each in the 10 largest states – to document their coverage policies related to methadone, buprenorphine, and both oral and extended-release naltrexone, all FDA-approved for the treatment of opioid dependence or for the blockade of the effects of exogenously administered opioids. The researchers also conducted exhaustive literature reviews of the clinical and cost effectiveness of these medications.

On June 20, 2013, the PATF hosted a Stakeholder Summit and Press Conference at The National Press Club in Washington, DC, to unveil the research results and solicit feedback from other stakeholders in addiction prevention, treatment, and recovery. More than 100 attendees representing diverse organizations – state and federal government agencies, medical societies, research institutions, patient organizations, and private corporations – participated in the event. This report summarizes the day's events and discussion, and outlines the next steps that participants identified to continue to promote patient access to addiction medications in the months ahead.

## Summary of Research Results

After opening remarks from Representative Paul Tonko (20<sup>th</sup> District, New York) and ASAM President Stuart Gitlow, Suzanne Gelber, PhD of the Avisa Group and Mady Chalk, PhD and Tom McLellan, PhD, both of TRI, presented the [research results](http://www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment) (available at <http://www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment>). Their findings made it clear that addiction medications are clinical and cost effective tools for treating opioid addiction, but that debilitating barriers to access persist in both public and private payer policies.



Tom McLellan, PhD, CEO and Co-founder of Treatment Research Institute, presents his research results.

Through its survey of state Medicaid programs, the Avisa Group found that the medications to treat opioid addiction are grossly underutilized in the public sector. While all states cover at least one of the three approved medications, barriers to access including lack of coverage of one or more medications, treatment duration or dosage limitations, cumbersome prior authorization requirements, minimal coverage of required counseling, “fail first” (or “step therapy”) criteria, and practitioner limits (who can prescribe or provide counseling) are common among Medicaid programs<sup>2</sup>. These coverage requirements often amount to de facto denial of coverage, leaving patients to pay out of pocket for the medications they need or simply go without.

Results from the survey of commercial insurers reveal that most plans do cover at least one of the medications but that utilization management requirements such as prior authorization, quantity and dosage limits, and step therapy often still limit access.<sup>3</sup> The most widely available medication across the plans surveyed was buprenorphine/naloxone; only a small minority of surveyed plans covers extended-release, injectable naltrexone, while none of the surveyed plans provided coverage for treatment in an Opioid Treatment Program (OTP) where methadone is dispensed. Moreover, “although evidence-based practice strongly suggests that clinical treatment, including counseling, should accompany use of medications, that requirement was rarely found in the survey of health plans.”<sup>4</sup>

These coverage restrictions persist despite a large body of research demonstrating their clinical and cost effectiveness. The literature reviews conducted by TRI found overwhelming evidence that all FDA-approved medications for opioid dependence are both clinically and cost effective; underutilization can be explained instead by “environmental factors” such as a dearth of physicians trained to diagnose and treat opioid addiction, unique legal and regulatory issues surrounding the administration of these medications, and both formal and informal utilization restrictions imposed by insurers. “Utilization can be significantly impeded by pre-authorization

requirements, limitations on dose and duration of dosing and by patient co-pays that are significantly different than those associated with medications for other chronic illnesses.”<sup>5</sup>

### Press Conference and Media Coverage

Following the presentation of the research results, attendees had the opportunity to join a press conference to publicize the report. In addition to ASAM President Stuart Gitlow, MD, MPH, MBA, FAPA; TRI CEO Tom McLellan, PhD; and Deputy Director of the Office of National Drug Control Policy Michael Botticelli, a patient named Whitney shared her [story](#). Whitney is in recovery from opioid addiction and expecting her second child. Despite being under the expert care of an addiction specialist and an obstetrician-gynecologist, Whitney has struggled to secure reimbursement from her insurance company for the medication her physician has prescribed to support her recovery. She spoke eloquently of the ongoing judgment and stigma she feels due to her disease, and of the frustrations she has experienced in accessing the treatment she needs. In addition to Whitney’s story, ASAM has collected stories of other patients’ experiences with medications to treat their opioid addiction, all of which are available on the Advancing Access to Addiction Medications [webpage](#).



Michael Botticelli, Deputy Director of the Office of National Drug Control Policy, speaks at the Advancing Access to Addiction Medications Press Conference

Several members of the media attended the press conference in person, and the report has received significant media coverage since the event. To date, sixteen articles about the report have been run in publications such as [Addiction Professional](#), [MedPage Today](#), and [Yahoo! News](#). ASAM expects more coverage as stakeholders join the outreach and education effort in the coming months.

## Stakeholder Response

Following the press conference, event attendees came together to discuss the implications of the research results and how the various organizations represented could work together going forward to promote access to these life-saving treatments. A response panel of federal, state, and commercial insurer representatives kicked off the discussion. Participants included:

- Michael Botticelli, Deputy Director of the Office of National Drug Control Policy
- Barbara A. Cimaglio, Deputy Commissioner, Alcohol and Drug Programs, Vermont Department of Health
- H. Westley Clark, MD, JD, MPH, CAS, FASAM, Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration
- Andrea Kopstein, PhD, MPH, Director, Division of Services Improvement, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration
- John O'Brien, Senior Policy Advisor, Disabled and Elderly Health Programs Group, Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services
- Douglas Nemecek, MD, MBA, Board Member, Association for Behavioral Health and Wellness and Chief Medical Officer, Cigna
- Jack Stein, PhD, Director, Office of Science Policy and Communications, National Institute on Drug Abuse
- Mark Stringer, MA, Director, Missouri Division of Behavioral Health

The panelists spoke about the necessity of providing patients access to the full continuum of care for addiction treatment; increasing collaboration among those working in addiction prevention, treatment, and recovery; and educating the public, the medical community, and patients about addiction. Several discussed how they've seen access to addiction medications lower costs and improve outcomes.



Panelists Barbara Cimaglio, Jack Stein, PhD, and Andrea Kopstein, PhD



Participants discussed research results and next steps over lunch.

The summit concluded with a working lunch during which participants offered their own thoughts about the research results and identified and prioritized next steps for the field to pursue as it seeks to increase access to these medications. Major themes from the lunch discussion included:

- Education of policymakers, payers, health care practitioners, patients, and the public to raise awareness that addiction is a disease that can be effectively treated with available medications. Educational materials about the disease of addiction and the available treatment options should be created and tailored to the medical community, insurance companies, the public, and the criminal justice system.
  - A major educational component for the medical community should be the development of clinical practice guidelines that detail how to treat patients with addiction medications.
- Formal and Grassroots Advocacy and education at the state and federal levels to improve access. Collaboration among the stakeholder organizations will be critical to ensuring a comprehensive and successful outreach plan. The advocacy agenda should include:
  - Promoting the integration of addiction treatment with primary care
  - Parity between substance use and medical/surgical benefits in insurance plans
  - Better reimbursement for services related to treatment with addiction medications
  - Raising the DATA 2000 100-patient limit on buprenorphine prescribers in office based settings

- Linking Prescription Drug Monitoring Programs (PDMPs) between states and using them to refer patients to treatment
- Including addiction diagnosis and treatment in medical and nursing school curricula
- Extending buprenorphine prescribing privileges to Physician's Assistants (PAs) and Nurse Practitioners (NPs)
- Technological Advancements, such as a database for providers to streamline referrals or a database for patients to find providers in their area who treat addiction and accept their insurance, could ease barriers to access for patients.

Participants also identified several additional stakeholders who should be included in future activities:

- Other medical specialty societies including pain specialists, internists, orthopedists, and pediatricians
- Medical associations representing non-physician providers such as nurses, NPs, pharmacists, and dentists
- Federal and state lawmakers
- Consumer advocacy groups
- Medical and nursing schools
- America's Health Insurance Plans (AHIP)
- Health Policy journalists
- Addiction counseling groups
- Social workers
- Addiction and family support groups

## Conclusion

By the end of the day, the Summit had produced a wealth of ideas and points of collaboration on which we hope to capitalize as we move from research to outreach. For its part, ASAM already has several next steps underway and will look to collaborate with those stakeholders who expressed similar ideas.

First of all, ASAM plans to turn the comprehensive reports into an outreach "toolkit" of talking points, slides and fact sheets that any organization could use in its educational efforts. They will be available on ASAM's Advancing Access to Addiction Medications [webpage](#) in the near future. ASAM also plans to create a speakers' bureau of trained representatives who can carry the message that treatment works to state and local decision-makers when necessary. Participation from diverse organizations in this bureau would be valuable to present a strong voice and united front to those determining access. Additionally, ASAM will host a federal briefing on Capitol Hill on September 30, 2013 to share the research results and discuss the issue of access to treatment with federal lawmakers. All stakeholders are welcome and encouraged to attend. Finally, ASAM plans to lead the development of a clinical practice guideline on addiction medications for opioid dependence, beginning this fall. This tool will be a

critical educational component and will support evidence-based decision making regarding coverage and utilization of addiction medications in the future.

ASAM is immensely grateful for the active and thoughtful participation of all the Summit attendees. Improved access to addiction medications – and ultimately improved outcomes for addiction patients – will only be achieved through the concerted efforts and meaningful collaboration of all the stakeholders represented. ASAM looks forward to working together with other stakeholders going forward to promote access to these medications which have been demonstrated to save money and, far more importantly, save lives.

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<sup>1</sup> Centers for Disease Control and Prevention. Vital Signs: Overdoses of Prescription Opioid Pain Relievers --- United States, 1999—2008. *MMWR*. November 4, 2011 / 60(43);1487-1492.

<sup>2</sup> Rinaldo, SG and Rinaldo DW. State Medicaid Coverage And Authorization Requirements For Opioid Dependence Medications. June 2013. Available at: <http://www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment>

<sup>3</sup> Chalk M, Alanis-Hirsch K, Woodworth A, et al. Report of Commercial Health Plan Medication Coverage and Benefits Survey.2013. Available at: <http://www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment>

<sup>4</sup> Ibid.

<sup>5</sup> Chalk M, Alanis-Hirsch K, Woodworth A, et al. FDA Approved Medications for the Treatment of Opiate Dependence: Literature Reviews on Effectiveness and Cost-Effectiveness. 2013. Available at: <http://www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment>