

# The Role of Managed Care Pharmacy in Improving Access to Naloxone:

*Findings from the AMCP Addiction Treatment Advisory Group*

## Introduction

Drug overdose is a leading cause of preventable death in the United States. From 2000 to 2014, nearly half a million people in the United States died from drug overdoses,<sup>1</sup> with more than 165,000 people dying specifically from overdose related to opioid pain medication in that time period.<sup>2</sup> In 2014 alone, opioids were involved in 28,647 deaths, or 61% of all drug overdose deaths. In the United States, the rate of opioid overdoses has tripled since 2000.<sup>1</sup> It is estimated that almost 80% of overdose fatalities are considered accidental. The financial costs are also overwhelming, with a study published in *JAMA Internal Medicine* estimating that treating patients with opioid-related overdose costs an estimated \$1.4 billion per year.<sup>4</sup>

Putting these numbers in perspective, how would the public and policymakers react if, on average, 80 airplanes full of people crashed each year in this country? If 1 plane crashed every 4.5 days, yet there was a safe and effective way to prevent it, we imagine that congressional hearings would be held, the media would highlight every aspect of how safety could be improved, and the public would simply demand immediate action to prevent the deaths of so many of their friends and loved ones. We are only now beginning to see this type of critical engagement in addressing the epidemic of opioid overdose in this country.

## Opioid Overdose and Treatment

Opioids are a class of drugs that include prescription pain relievers such as oxycodone, hydrocodone, codeine, morphine, fentanyl, and others, as well as the illicit drug heroin.<sup>5</sup> It is estimated that approximately 2 million Americans are addicted to prescription opioids. The reasons for the exponential increase in opioid addiction are complicated and multifaceted but have been driven by the overprescribing of opioid analgesics, the increase in abuse of heroin, and a drug abuse treatment system that is fragmented and hard to access.<sup>6</sup>

Deaths from opioids are almost entirely preventable by the timely administration of naloxone, an opioid antagonist, in conjunction with supportive care. Outlined in Table 1 is an overview of U.S. Food and Drug Administration (FDA)-approved products that can be used in community settings.

Opioid overdose can occur in patients who intentionally misuse *and* abuse opioids and those who are legitimately prescribed opioids for the treatment of pain. Opioids kill by depressing respiration, and deaths typically occur 1 to 3 hours after the person has initially ingested or injected drugs, leaving time for effective, life-saving medical intervention. Overdose is rapidly reversed by the administration of a naloxone, an opioid antagonist approved by the FDA specifically for the treatment of opioid overdose. It has been an FDA-approved medication for the treatment of respiratory depression caused by opioids for over 40 years. Although naloxone is a prescription medication, it is not a controlled substance and has no abuse potential.

Naloxone works by displacing opioids from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths. Yet this medication is often not available when and where it is needed. Overdose often occurs when the person is with friends or family members, and these people may be the best situated to act to save the person's life by administering naloxone. Unfortunately, existing laws and regulations can make it difficult to access this life-saving medication.<sup>10</sup>

Physicians and other health care providers can make a major contribution toward reducing the toll of opioid overdose through the care they take in prescribing opioid analgesics and monitoring patients' response, as well as through their acuity in identifying and effectively addressing opioid overdose.<sup>11</sup> According to the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. They should incorporate into management plans strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, psychiatric illness, higher opioid dosages ( $\geq 50$  morphine milligram equivalents [MME]/day), methadone use, or concurrent benzodiazepine use, are present.<sup>12,13</sup> Higher opioid dosages may require particular attention. Studies have shown that patients taking  $\geq 100$  MME/day are at 7 times the risk for overdose death compared with patients taking  $< 20$  MME/day.<sup>14</sup>

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Table 1: Comparison of Naloxone Products<sup>7</sup>

	Injectable Naloxone	Nasal Spray	Auto-Injector
			
Trade name	Naloxone	Narcan Nasal Spray	Evzio Auto-Injector
FDA-approved labeling includes instruction for layperson use	Labeled for intravenous, intramuscular, or subcutaneous use; unapproved route (intranasal)	Yes	Yes
Strength	1 mg/mL	4 mg/0.1 mL	0.4 mg/0.4 mL
Total volume of kit/package	4 mg/4 mL	8 mg/0.2 mL	0.8 mg/0.8 mL
Dosing	Initial doses for opioid overdose: 0.4 mg-2 mg May repeat at 2- to 3-minute intervals	Spray 0.1 mL into 1 nostril; repeat with second device into other nostril after 2-3 minutes if no or minimal response	Inject into outer thigh as directed by voice-prompt system. Place black side firmly on outer thigh and depress and hold for 5 sec. Repeat with second device in 2-3 minutes if no or minimal response
Assembly required	Yes	No	No
Storage requirements	Store at 59°F-86°F Fragile: Glass	Store at 59°F-77°F; excursions permitted from 39°F-104°F	Store at 59°F-77°F; excursions permitted from 39°F-104°F

FDA = U.S. Food and Drug Administration.

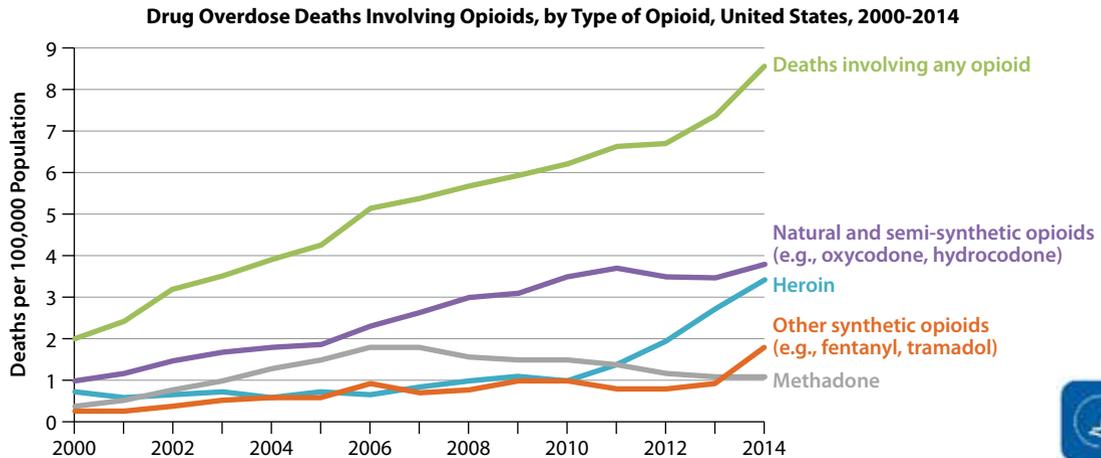
Steps such as assessing the patient, selecting the appropriate medication, consulting state prescription drug monitoring programs (PDMPs), educating the patient and obtaining informed consent, carefully executing the prescription order, monitoring the patient's response to treatment, and determining when to end opioid treatment are important to help decrease the risk of overdose.<sup>11</sup> According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Overdose Toolkit, one strategy that may help prevent overdose is to prescribe naloxone along with the patient's initial opioid prescription, often called coprescribing. With proper education, patients on long-term opioid therapy and others at risk for overdose may benefit from having a naloxone kit to use in the event of overdose. Patients who may benefit from this approach include those who are<sup>11</sup>:

- Taking high doses of opioids for long-term management of chronic malignant or nonmalignant pain
- Receiving rotating opioid medication regimens (and thus are at risk for incomplete cross-tolerance)
- Discharged from emergency medical care following opioid intoxication or poisoning
- At high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed history of substance abuse, dependence, or nonmedical use of prescription or illicit opioids

- Completing mandatory opioid detoxification or abstinence programs
- Recently released from incarceration and a past user or abuser of opioids (and presumably with reduced opioid tolerance and high risk of relapse to opioid use)

Another population-based study of opioid users with deaths related to opioid toxicity showed that accidental deaths were significantly associated with personal history of substance abuse, enrollment in methadone maintenance programs, cirrhosis, hepatitis, and cocaine use. Suicides were most often associated with mental illness, previous suicide attempts, chronic pain, and a history of cancer.<sup>15</sup> Use of a greater number of pharmacies by the beneficiary has also been found to be a risk for opioid overdose.<sup>13</sup> As shown in Figure 1, the CDC has demonstrated the increase in drug overdose deaths involving opioids in the context of an increase in overall drug overdoses.

Regardless of almost universal support for improved access to medication-assisted treatment for patients with substance use disorders, there are continued barriers to treatment with naloxone, even for those patients with a history of overdose. Clinicians, payers, and communities should ensure the availability of naloxone for overdose rescue on the basis of the presence of risk factors.

Figure 1: Opioid Overdoses Driving Increase in Drug Overdoses Overall<sup>1</sup>

## Economic Impact of Prescription Opioid Abuse

Individuals who abuse opioids are generally more likely to utilize medical services, such as emergency department visits, physician outpatient visits, and inpatient hospital stays, relative to nonabusers. When compared to a matched control group (nonabusers), mean annual excess health care costs for opioid abusers with private insurance ranged from \$14,054 to \$20,546. Similarly, the mean annual excess health care costs for opioid abusers with Medicaid ranged from \$5,874 to \$15,183. The issue of opioid abuse has significant clinical and economic consequences for patients, health care providers, commercial and government payers, and society as a whole.<sup>16</sup>

Fatal opioid overdose may only represent the tip of the iceberg, with 88% of identified overdose events being nonfatal. Most of the nonfatal overdoses were clinically serious.<sup>17</sup> Approximately 41% of the patients who went to a hospital after overdosing on prescription painkillers were treated and released without being admitted, 55% were admitted to the hospital, and 4% were transferred to an acute care hospital. The average hospital stay for those who were admitted was 3.8 days, and their treatment cost an average of \$29,497 each. The average cost for each patient treated in the emergency room and then released was \$3,640.<sup>4</sup>

## Barriers to Receiving Timely Access to Naloxone

There are numerous barriers that limit prescribing of naloxone. These barriers include knowledge of patients and providers, stigma associated with patients with substance use disorders, cost, and legal and regulatory barriers. Lack of prescriber knowledge often prevents more widespread and appropriate prescribing of naloxone. Physicians and pharmacists receive little training in addiction and may not know appropriate prescribing guidelines. There is often perceived stigma associated with the prescribing of naloxone, with concerns that expanding access could encourage more opioid misuse and abuse.<sup>18</sup> However, evidence indicates that increased naloxone availability does not increase risky behavior.<sup>19</sup> Other barriers may include costs of treatment and transportation to medical appointments.

There have been a number of legal and regulatory efforts at both the state and national levels to combat the morbidity and mortality associated with opioid overdose. States have modified laws to increase access to naloxone through the following:

- Permitting prescriptions to third parties (e.g., family, friends) because overdose often occurs when the victim is with friends or family members
- Permitting prescribing and dispensing by standing or protocol order



There is still work to be done. Although insurance plans are required under the Affordable Care Act (ACA) to cover essential health benefits, including providing services for behavioral health and substance use disorder treatment at parity with medical care, a study by the National Center on Addiction and Substance Abuse found that 45% of benchmark plans were in violation of federal law requiring that plans cover at least 1 addiction treatment medication in each of 4 classes: anti-craving,

opioid reversal, opioid dependence treatments, and tobacco cessation.<sup>30</sup> Managed care leaders can commit to engaging in comprehensive and creative ways to support these more global efforts to increase naloxone access to patients at risk of overdose.

There are a number of organizations that are showing leadership in this area, working to reduce the morbidity and mortality of this epidemic. Brief overviews of these activities are detailed below.

### **CVS Health**

CVS Health has been actively working to expand the availability of naloxone. Under a physician-approved protocol permitted by specific states, CVS dispenses naloxone to patients without the need for an individual prescription. The program includes a patient counseling component that provides information around what actions to take in the event of an opioid overdose, how to administer the medication, and information about other resources available to help patients. CVS pharmacists demonstrate for customers how to assemble (as required) and administer the medication. Patients without insurance will get a \$35 discount, reducing the out-of-pocket expense of the drug by nearly 25%. CVS hopes to make the product available through this mechanism in 35 states by the end of 2016. The company is also currently participating in a research project with Boston Medical Center and Rhode Island Hospital to support a demonstration project of pharmacy-based naloxone rescue kits to help reduce opioid addiction and overdose deaths.<sup>31,32</sup>

### **Santa Clara Family Health Plan**

The Santa Clara Health Plan has implemented a policy to ensure safe prescribing guidelines and the need to coprescribe naloxone. All requests for >90 MME/day (excluding patients on hospice and palliative care) were denied unless a claim for naloxone was on file for the member. Explanation letters were sent to members and prescribers following claim denials. The health plan provided a clear message to both the member and the prescriber about the need for safe prescribing of opioids and the need to coprescribe naloxone.<sup>33</sup>

### **Boston Medical Center: MOON Study**

The **M**aximizing **O**pioid Safety with **N**aloxone (MOON) Study is a 3-year demonstration project funded by the Agency for Healthcare Research & Quality (AHRQ). Researchers from the Boston Medical Center, Boston

University, Lifespan Hospitals of Rhode Island, and the University of Rhode Island are working with local pharmacies to determine the best way to provide naloxone in the pharmacy setting. Pharmacies engaged in the study include CVS Pharmacy, Baker Pharmacy, Eaton Apothecary, Boston Medical Center Shapiro Pharmacy, and Lifespan Outpatient Pharmacy. The purpose of the MOON Study is to learn more about barriers of naloxone access in the pharmacy, maximize opioid safety awareness, and increase distribution of naloxone through pharmacy-based initiatives. The overall aim is to develop a program applicable to and effective for all states.

### **Massachusetts OEND Programs**

The Massachusetts Overdose Education and Naloxone Distribution (OEND) programs equipped people at risk for overdose and bystanders with nasal naloxone rescue kits and trained them on how to prevent, recognize, and respond to an overdose by engaging emergency medical services, providing rescue breathing, and delivering naloxone. These programs trained 2,912 potential bystanders who reported 327 rescues, with opioid overdose death rates being reduced in communities where OEND was implemented.<sup>34</sup>

### **Harvard Pilgrim Naloxone Available Without Member Cost Sharing**

In the midst of the nation's mounting opioid addiction crisis, Harvard Pilgrim is supporting the prescribing of opioid antagonists to patients who are considered at high risk for opioid overdose. In 2015, Massachusetts governor Charlie Baker established the Opioid Working Group, which issued several recommendations. Among them is a call to increase the affordability of the prescription medication naloxone by eliminating copayment requirements for this drug. Harvard Pilgrim covers naloxone nasal spray with no member cost share on both their Premium and Value formularies.<sup>35</sup>

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### Managed Care Opportunities

Ensuring the proper management of patients suffering from uncontrolled pain and limiting abuse and diversion of opioids are both important. The improper use of opioids carries enormous costs to our society that simply go beyond traditional health care costs. Managed care pharmacists have a responsibility to work with patients and other health care professionals to ensure the appropriate use of opioids and that prescriptions are dispensed and utilized for legitimate medical needs. Managed care organizations can work with the pharmaceutical industry to ensure the cost of naloxone remains accessible. The opportunities for health plans and pharmacy benefit managers (PBMs) to use managed care tools to effectively manage the use of opioids in a clinically appropriate manner has also been supported by managed care.<sup>36</sup>

AMCP has also published statements on naloxone that indicate providers should consider offering naloxone when factors that increase risk for opioid overdose are present.<sup>37</sup> Engaging in awareness and advocacy initiatives to ensure naloxone is readily accessible and accepted by patients and caregivers is a critical element of reducing opioid-related deaths.

Communities with increased naloxone availability have lower death rates.<sup>34</sup> Specific examples of opportunities for managed care organizations to improve access to naloxone and support patients with substance use disorder include the following:

- Assess current benefit design to support the utilization of alternative pain management methods and the expertise needed as potential alternatives to opioids for chronic pain become available
- Examine current coverage criteria for naloxone and make provisions for inclusion of a bystander who is not at risk of an overdose
- Develop quality improvement or management strategies that mitigate the risk of overdose through coprescribing of naloxone when factors that could increase the risk of overdose are present (e.g., history of substance use disorder, opioid dosages over 50 MME/day and/or current benzodiazepine use)
- Partner with contracted hospitals to distribute naloxone through emergency departments
- Evaluate the opportunity for addiction treatment any time a patient experiences an opioid overdose and has to be rescued. Managed care organizations can emphasize this patient care opportunity and ensure that when addiction treatment is considered, medication-assisted treatment is an available option

- Ensure naloxone is available on the formulary and without refill limitations,<sup>33</sup> and consider value-based tier placement to ensure appropriate access
- Promote the use of naloxone and coprescribing through provider guidelines or education, in member educational trainings or materials, and through formulary placement<sup>33</sup>
- Work with local partnerships or coalitions to increase naloxone dispensing in community settings<sup>33</sup>

### Resources on Opioid Overdose

There are a number of resources available to managed care professionals to help them better understand the issues associated with access to naloxone. Some examples of these resources are as follows:

- The National Conference of State Legislators provides an overview of state-level drug abuse prevention legislation at <http://www.ncsl.org/research/health/prevention-of-prescription-drug-overdose-and-abuse.aspx>.
- [www.stopoverdose.org](http://www.stopoverdose.org) provides opioid overdose prevention education and provides useful information for individuals, health care professionals, and law enforcement personnel.
- SAMHSA has developed an Opioid Overdose Prevention Toolkit, which is available at <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>.
- The American Pharmacists Association has developed a resources center focused on opioid use, abuse, and misuse. The site provides links to tools and resources, clinical and patient resources, state and federal resources, facts and figures, and trends. This site can be accessed at [www.pharmacist.com/opioid-use-abuse-and-misuse-resource-center](http://www.pharmacist.com/opioid-use-abuse-and-misuse-resource-center).
- The Overdose Prevention Alliance publishes and promotes information and debates on drug overdose worldwide, with the overarching goal of curbing overdose incidence and mortality. Information on the Alliance can be found at <http://www.overdosepreventionalliance.org/p/about-us.html>.
- The Chicago Recovery Alliance started the first overdose project in the United States and has excellent patient safety resources, guidelines and protocols, and video training materials at <http://www.anypositivechange.org/res.html>.
- Get Naloxone Now is an online resource to train people to respond effectively to an opioid-associated overdose emergency. The site advocates for widespread access to overdose education and training in how to administer naloxone and can be accessed at <http://getnaloxonenow.org/>.

## Conclusion

Increased access to naloxone is shown to decrease the morbidity and mortality of opioid overdoses. This is an epidemic. People are dying, and we can safely supply the medicine and tools to save lives and initiate treatment. Managed care organizations can continue to provide leadership to increase access to naloxone, evaluate benefit designs in an effort to decrease potential barriers, and provide education and support to increase awareness about naloxone for patients, families, friends, and physicians.

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## 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.<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

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.<sup>1</sup>

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,<sup>11</sup> with a high percentage of patients not successfully transitioning to follow-up care.<sup>12</sup> 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.<sup>13,14</sup>

### **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.<sup>15</sup>

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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