Date: March 9, 2018 **Staff:** Alyson Williams	**POLICY ANALYSIS** **PREPARED FOR THE BOARD OF DIRECTORS**	Health District OF NORTHERN LARIMER COUNTY

SB18-168 MEDICATION-ASSISTED TREATMENT THROUGH PHARMACIES:

Concerning payment reform in the medical assistance program to provide access to medication-assisted treatment for the prevention of relapse for persons suffering from substance use disorders.

Details

Bill Sponsors: Senate – *Tate (R)*
Committee: Senate Committee on Business, Labor, & Technology
Bill History: 2/21/2018- Introduced in Senate- Assigned to Business, Labor, & Technology
Next Action: Hearing in Senate Business, Labor, & Technology

Bill Summary

This bill clarifies that the Colorado Medicaid program, Health First Colorado, must include extended-release opioid antagonists as a covered benefit for use in medication-assisted treatment (MAT) for substance use disorder. The bill requires that any qualified pharmacist that administers injectable MAT must receive an enhanced dispensing fee from the program.

Issue Summary

Medication-Assisted Treatment (MAT)

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines MAT as medications utilized with counseling and behavioral therapies to treat substance use disorders and to prevent opioid overdose.[1] Currently, there are three classes of medications that that have been approved by the Food and Drug Administration (FDA) to treat opioid use disorders: methadone, buprenorphine, and naltrexone.[2] Methadone is an opioid agonist that reduces the symptoms of opioid withdrawal while blocking the euphoric effects of most opioids, including heroin.[1] Methadone is required to be administered daily in an office setting for the first few years of maintenance treatment. Federal rules require methadone to be prescribed and dispensed by a certified Opioid Treatment Program. Buprenorphine is an opioid partial agonist that can reduce the effects of withdrawal but it produces effects such as euphoria or respiratory depression.[1] Since buprenorphine has these effects it is often produced in combination with naloxone to reduce the potential for misuse.[1] With naltrexone, the medication blocks both the euphoric and sedative effects of opioids; additionally, a patient is to abstain from opioids for 7-10 days for beginning the medication.[1] Injectable naltrexone must be administered in a health care setting by a licensed provider, which includes pharmacists. The following table[3] demonstrates the regulations and effectiveness for the three FDA-approved medications.[2]

[1] Substance Abuse and Mental Health Services Administration (2015). *Medication and Counseling Treatment.* Retrieved from https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat
[2] California Health Care Foundation (Sept. 2017). *Why Health Plans Should Go to the "MAT" in the Fight Against Opioid Addiction.* Retrieved from https://www.chcf.org/wp-content/uploads/2017/12/PDF-Why-Health-Plans-Should-Go-to-the-MAT.pdf
[3] Note that the acronym OUD included in the figure stands for opioid use disorder.

Table 1. Medications Used in Addiction Treatment

	WHERE IT CAN BE PROVIDED	FDA INDICATIONS	EFFECTIVENESS*	ADMINISTRATION
Methadone	**OUD.** Licensed opioid treatment programs. **Pain.** Any Drug Enforcement Agency (DEA)-licensed prescriber.	OUD and pain management	74% to 80%[12]	**OUD.** Daily pill, liquid, and wafer forms; injectable form in hospitalized patients unable to take oral medications **Pain.** Pill and injectable forms
Buprenorphine and buprenorphine/ naloxone	Prescribed by community physicians and dispensed by pharmacies; available in some opioid treatment programs. Physicians receive federal waivers after eight hours of training; nurse practitioners and physician assistants require 24 hours. Patient panels are capped at 30, 100, and 275 per provider (depending on experience and setting).[13-15] Any DEA-licensed provider can prescribe buprenorphine for pain.	OUD and pain management (depending on formulation and dose)	60% to 90%[16]	**OUD.** Daily sublingual, buccal, film, and tablet, or six-month intradermal device **Pain.** Injectable, transdermal, and buccal film
Naltrexone	No restrictions.	Opioid and alcohol use disorders	**OUD.** 10% to 21%[17]	Daily pill or monthly injectable
Naloxone (used only for overdose reversal, not addiction treatment)	Any setting: prescribed or dispensed by a clinician, furnished by a pharmacy without a prescription (legal in several states), dispensed by lay staff in community settings (by standing order), or carried by law enforcement or other first responders.	To reverse respiratory suppression in suspected opioid overdose	May require high doses for extremely high-potency illicit drug use (e.g., fentanyl and carfentanyl)	Intranasal spray, or intravenous, intramuscular, or subcutaneous injectable

*Retention in treatment at 12 months with significant reduction or elimination of illicit drug use.

MAT Access

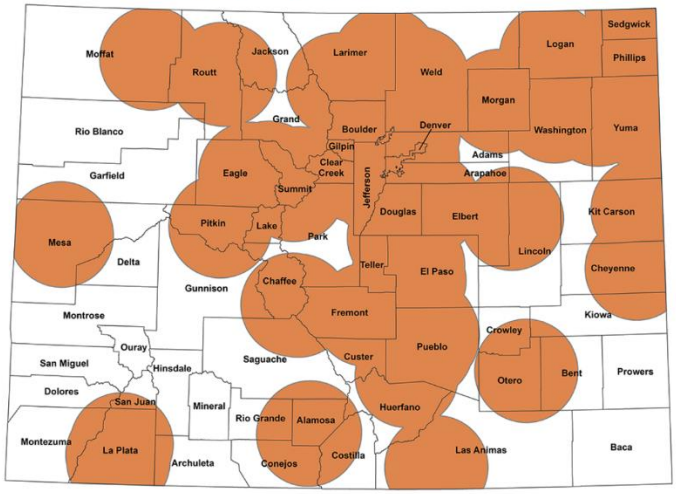
Evidence has demonstrated the effectiveness of MAT, yet only 10 percent of those that seek this treatment can access it in the United States.[2] The barriers can range from a shortage of buprenorphine prescribers, to restrictive health plans, to stigma. Since methadone can only be administered by a certified Opioid Treatment Program, this places yet another barrier to treatment for patients. Insurance barriers can include dosage limits, authorization requirements, inadequate counseling coverage, cost-sharing requirements, and "fail-first" criteria.[4] Furthermore, the reimbursement rates from both public and private insurance carriers to pharmacists for administration of injectable naltrexone is less than that received by other providers for the same action. These insurance barriers can even delay an individual's care; a 2017 survey by the California Society of Addiction Medicine found that 41 percent of member providers had experienced situations where patients went without treatment due to authorization delays.[2]

An analysis of MAT in Colorado found that 31 of the 64 counties within the state do not have an entity that provides methadone or buprenorphine.[5] Of these 31 counties, 10 had opioid overdose rates above the state average.[5] The following map was created by the Colorado Health Institute (CHI) to depict the geographical areas of Colorado where residents do not have a center that provides MAT within a 30 mile radius.[5]

[4] "Fail-First" can require detox before medication coverage or failure of another medication before coverage is allowed.

[5] Colorado Health Institute. (2017). *Miles Away From Help: The Opioid Epidemic and Medication-Assisted Treatment in Colorado.* Retrieved from https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20MAT%20report.pdf

Map. 30-Mile Radius Around MAT Centers



The map from CHI demonstrates that most of Larimer County has a MAT center within a 30-mile radius. In Larimer County there are approximately thirteen clinics and providers that are serving residents with MAT services. Of these, approximately three provide Vivitrol®, the brand name of the drug naltrexone. The situation is similar for methadone access as only one entity provides this medication. Conversely, almost all of entities and providers prescribe Suboxone®, the brand name of the combination buprenorphine and naloxone drug.

MAT Coverage in Health First Colorado

The Department of Health Care Policy and Financing (HCPF) currently provides coverage for all of the types of MAT.[6] This includes coverage for Vivitrol®, the brand name of the injectable form of the drug naltrexone. Prior authorization for this medication must be requested by the patient in certain circumstances, but if given in a physician's office or hospital it will be billed as a medical expense.[6] Most of the medications in the MAT category require at least one step of prior authorization, requiring the failure[7] of another medication for the prior authorization request to be approved.[6]

This Legislation

The bill declares that there is both a prescription opioid and heroin epidemic. It asserts that there are barriers for providers to access certain effective federal Food and Drug Administration (FDA) approved medications for treatment. The bill declares that as treatment plans are best left to providers, drugs that are approved by the FDA for medication-assisted treatment (MAT) should be equally available and accessible.

The bill requires the codification of the inclusion of extended-release opioid antagonists for MAT into the pharmacy benefit for the Colorado Medicaid program, Health First Colorado. The bill also requires that pharmacists that are in a collaborative practice agreement with a prescriber receive an increased dispensing fee for administering injectable MAT by Health First Colorado. This dispensing fee must align with the administration fee that would be provided to a provider if the MAT was administered in the provider's office,

Reasons to Support

[6] Colorado Department of Health Care Policy and Financing. (2018). *Health First Colorado Pharmacy Benefits.* Retrieved from https://www.colorado.gov/hcpf/medicaid-pharmacy-benefits

[7] HCPF defines failure as: lack of efficacy, allergy (), intolerable side effects, or significant drug-drug interaction

This codifies the inclusion of all three of the MAT medications into the pharmacy benefit of the Colorado Health First program. This ensures that coverage of these medications persists through administrations and any future budget decisions. MAT has consistently been demonstrated as being effective to treat opioid use disorder. By providing pharmacists with an enhanced reimbursement rate for administration of Vivitrol® and any future FDA-approved injectable drug that is allowed to be administered by pharmacists, it provides an incentive for these providers to administer the drug. This could increase MAT access for many of those living outside the 30-mile radius of a MAT-center in Colorado.

Supporters

- Colorado Consumer Health Initiative
- Colorado Mental Wellness Network

Reasons to Oppose

The codification of pharmacy benefits in Colorado statute could create a problematic precedent for requiring certain prescription drugs to be covered. This requirement for MAT coverage and the enhanced reimbursement rate could be better addressed through the rulemaking process for Health First Colorado. Some may assert that covering MAT is irresponsible and a wasted use of funds as one opioid is just being replaced by another.

Opponents

- No opposition has been made public at this time.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.