

## **MVP/Preferred Care BENEFIT INTERPRETATION**

### **Buprenorphine Maintenance/Opioid Substitution Therapy**

#### **Type of Policy**

Medical/Mental Health/Substance Abuse

#### **Codes**

**ICD-9 Diagnosis Code:** 304.0

**ICD-9 Procedure Code:** 94.25

#### **Evidence Basis for Policy**

**Standard of Care.** The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

#### **Description**

Opioid substitution therapy is an outpatient addiction treatment service for opiate (e.g. heroin) addicted patients. Compounds such as Buprenorphine, Methadone and LAAM (levo-alpha-acetylmethadol) are used to bind to and satisfy the opiate receptors in the brain and decrease drug craving by establishing a maintenance state. The result is a continuously maintained state of drug tolerance in which the therapeutic agent does not produce euphoria, intoxication or withdrawal symptoms.

Qualified physicians prescribe the medication and addiction-trained personnel deliver the therapy. Health education, individual and group counseling are also a recommended adjunct to the therapy. The request must be from a physician that meets the standard set forth in the Drug Addiction Treatment Act\*.

Coverage will be considered with prior-authorization as follows:

- MD office visits or outpatient facility visits (this is for medical visits only);
- outpatient counseling sessions (Initial coverage will be considered for 20 counseling sessions and will be covered under the outpatient substance abuse part of the member's contract); and
- drug/pharmacy coverage is limited to members with MVP/Preferred Care pharmacy benefits. Pharmacy co-payments apply. Prescriptions must be dispensed in accordance with pharmacy laws and regulations at a network MVP/Preferred Care pharmacy. The drugs **are not covered** when dispensed or administered in other settings.

\*Physicians must demonstrate required qualifications as defined in the Drug Addiction Treatment Act (DATA) of 2000 law and be licensed in the state(s) where the physician practices, and hold an addiction-related certification from the American Board of

Medical Specialties, the American Osteopathic Association or the American Society of Addiction Medicine. Physicians may also qualify if they receive at least eight (8) hours of training, provided by designated medical and specialty organizations, in the care of opioid-dependent patients.

Effective December 29, 2006, physicians who meet the following criteria may notify the Secretary of Health and Human Services (HHS) of their need and intent to treat up to 100 patients at any one time: (1) the physician must currently be qualified under DATA 2000; (2) at least one year must have elapsed since the physician submitted the initial notification for authorization; (3) the physician must certify their capacity to refer patients for appropriate counseling and other appropriate ancillary services; and (4) the physician must certify that the total number of patients at any one time will not exceed the applicable number. MVP/Preferred Care provides coverage for Buprenorphine/Opioid substitution therapy rendered by a qualified physician, addiction licensed clinicians, facilities certified as substance abuse outpatient clinics, or multidisciplinary group practices approved by MVP. Coverage is available for the two phases of substitutional therapy, *Acute* and *Maintenance*, as indicated in the criteria below.

### **Indications/Criteria**

Acute phase involves skilled treatment services that include urine screening, individual and group counseling, motivational enhancements, and educational groups. The amount and intensity of the services provided are determined by the needs of the member and indicated in the treatment plan.

***The initial request will be considered for 16 counseling sessions. Requests for additional sessions will require pre-authorization and submission of the outpatient treatment report .If the Buprenorphine is being prescribed by a “non- psychiatric” physician, the medical office visits do not require prior approval, just the medication itself.***

The counseling sessions will be covered under the outpatient substance abuse portion of the member’s contract.

The acute phase is appropriate for members with chronic opioid dependence (addiction) who meet **all** of the required specifications as indicated in Dimensions 1 through 6 below.

1. **Acute Intoxication and Withdrawal:** medical information indicates that member is at least **16** years of age, “physiologically” dependent upon an opiate drug and addiction has been continuous or episodic for more than one year.
2. **Biomedical Conditions and Complications:** medical information indicates that member can be managed and participate in an outpatient program.
3. **Emotional, Behavioral or Cognitive Conditions and Complications:** medical information indicates that no other mental, emotional, cognitive or behavioral condition exists which would preclude participation in an outpatient maintenance therapy program.

4. Readiness to Change: medical information indicates that the member understands the risks and benefits of buprenorphine treatment and expresses the willingness to adhere to the treatment plan.
5. Relapse, Continued Use, or Continued Problem Potential: medical information indicates that despite active participation in other treatment interventions to attempt “abstinence” from opiates, the member is at high risk of continued use or relapse to opiate use. Also the member is experiencing persistent addiction symptoms and the member’s functioning level is deteriorating despite modification of the treatment plan. The member is assessed as able to achieve abstinence from all other mood altering substances aside from the opioid replacement.
6. Recovery Environment: medical information indicates that the present environment is a hindrance to recovery without use of opioid substitution despite demonstrated motivation and willingness to participate in the program.

Maintenance phase includes urine screens, daily, weekly, or monthly medication visits (12 per year with a physician) and individual or group counseling sessions as medically necessary. The member will be considered for the maintenance phase when dimensions 1 through 6 indicate the following:

1. acute intoxication and withdrawal - member remains “physiologically” dependent upon opiate drug;
2. biomedical conditions and complications - member can manage these problems on an outpatient basis and continue with outpatient participation;
3. emotional, behavioral or cognitive conditions and complications - either no symptoms exist or the member is successful in managing these problems with outpatient mental health assistance;
4. readiness to change - member is successful in recognizing that substance abuse is a problem, exhibits minimal thoughts and urges for opiate (e.g. heroin) use, fully understands that relapse to opiate (e.g. heroin) addiction will change their life and are continually motivated to continue on the opioid substitution protocol;
5. relapse, continued use, or continued problem potential - significant coping skills have been developed to manage cravings and relapse issues, follow a continuing care plan and maintain abstinence from opiate (e.g. heroin) and other illegal drugs; and
6. recovery environment - member’s psychosocial environment supports the continuing recovery effort with minimal risk of relapse.

Time-limited maintenance phase: The goal of treatment for some members is abstinence. Buprenorphine can be used to minimize withdrawal symptoms and avoid relapse. Some members may have difficulty being titrated off of buprenorphine within a short period of time. In these cases, a “long-term detox” ranging from 3 to 12 months may be indicated.

Prescription drug pre-authorization will be for up to one year subject to criteria above and will be re-evaluated by MVP Behavioral Health upon expiration.

## **Exclusions/Limitations**

Treatment rendered by a non-qualified physician as defined by the Drug Addiction Treatment Act of 2000.

Drugs dispensed or administered in any setting, other than a MVP network pharmacy are excluded.

Coverage is limited to only member contracts with Pharmacy benefits.

No coverage for New Hampshire contracts, Healthy New York or MVP Care contracts.

## **References**

1. ASAM Placement Criteria for the Treatment of Substance Abuse Disorders Second Revised Edition, 2001.
2. National Guideline Clearinghouse (Center for Substance Abuse Treatment): Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction: Substance Abuse and Mental Health Services Administration; 2004. 171p. Treatment Improvement Protocol (TIP 40).
3. A Report On the Physician Waiver Program Established by the Drug Addiction Treatment Act of 2000 ("DATA"); Substance Abuse and Mental Health Services Administration; March 30, 2006.
4. Supplement to the Final Summary Report from SAMHSA Evaluation of the Buprenorphine Waiver Program: Updated Literature; March 2006.

## **Approval(s) & Review/ Revision(s)**

Medical:

Review:

Behavioral Health Advisory Team: 4/2/08

Approval:

Quality Improvement Committee: 6/9/08

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**Note:** For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Prior Authorization/Notification Administrative Policy. You may also refer to the "Prior Authorization of Certain Prescription Drugs" for information on drugs that require prior authorization. Both policies are available on the *easyLink* for Providers at [www.preferredcare.org](http://www.preferredcare.org).