



TO: Hospitals, Physicians, Advanced Practice Registered Nurses, Behavioral Health Providers
RE: Medications for Substance Use Disorders

Medicaid covers a variety of medications for use in the treatment of substance use disorders. The following is a partial list of medications covered under the Connecticut Medical Assistance Program (CMAP) and may be prescribed for individuals with substance use disorders. These medications are used as an adjunct to outpatient or residential treatment for individuals who appear to be good candidates and likely to comply with the medication regimens.

Buprenorphine (Suboxone) Buprenorphine is a partial opioid agonist and can be used for individuals with an opioid dependence. As such, it can produce typical opioid agonist effects and side effects such as euphoria and respiratory depression. However, its maximal effects are less than those of full agonists like heroin and methadone. At low doses, buprenorphine produces sufficient agonist effect to enable opioid-addicted individuals to discontinue misuse of opioids without experiencing withdrawal symptoms. Buprenorphine carries a lower risk of abuse, addiction, and side effects compared to full opioid agonists. At high doses and under certain circumstances, buprenorphine may additionally block the effects of full opioid agonists and can precipitate withdrawal symptoms if administered to an opioid-addicted individual while a full agonist is in the bloodstream.

Formulations for opioid addiction treatment are in the form of sublingual tablets or dissolvable strips. Buprenorphine can be prescribed for individuals with an opioid dependence by a physician with a "DATA" waiver within their private practices. There is a cap of 30 patients for the first year of prescribing a buprenorphine product, then a cap of 100 after the first year.

Prescription Restrictions or Limitations: Suboxone sublingual film is currently a preferred drug and does not require prior authorization. Generic buprenorphine tablets are currently non-preferred and require prior authorization.

Naltrexone (Vivitrol) Naltrexone is a non-opioid medication that is approved for the treatment of opioid dependence and alcohol dependence. Naltrexone is an opioid receptor antagonist; it binds to opioid receptors effectively blocking them. Through this action, it prevents opioid receptors from being activated by agonist compounds, such as heroin or prescription pain killers, as well as by alcohol, and is reported to reduce craving and prevent relapse. As opposed to methadone and buprenorphine, naltrexone can be prescribed by any individual who is licensed to prescribe medicine (e.g., physician, doctor of osteopathic medicine, physician assistant, and nurse practitioner). Both the oral daily form and the monthly injectable extended-release form (Vivitrol®) are FDA approved for treatment of opioid dependence and alcohol dependence.

Prescription Restrictions or Limitations: Naltrexone is currently a preferred drug and does not require prior authorization. Vivitrol is currently not a preferred drug and does require prior authorization.

Disulfiram (Antabuse) Disulfiram is used to treat chronic alcoholism. It causes unpleasant effects when even small amounts of alcohol are consumed. These effects include flushing of the face, headache, nausea, vomiting, chest pain, weakness, blurred vision, mental confusion, sweating, choking, breathing difficulty, and anxiety. These effects begin about 10 minutes after alcohol enters the body and last for 1 hour or more. Disulfiram is not a cure for alcoholism, but discourages drinking.

Prescription Restrictions or Limitations: Disulfiram is not in a class of drugs that is currently subject to the Preferred Drug List (PDL). Therefore, there is no prior authorization requirement for coverage of this medication.

Methadone Methadone is a synthetic agent that works by "occupying" the brain receptor sites affected by heroin and other opiates. Compared to heroin, morphine and other opioids, methadone has

a relatively long half-life. Methadone blocks the euphoric and sedating effects of opiates; relieves the craving for opiates that is a major factor in relapse; relieves symptoms associated with withdrawal from opiates; does not cause euphoria or intoxication itself (with stable dosing), thus allowing a person to work and participate normally in society; is excreted slowly so it can be taken only once a day. Methadone must be administered in a federally “certified” clinic. CT has twenty six methadone clinics statewide, all of which accept individuals receiving Medicaid benefits.

Prescription Restrictions or Limitations: For the purposes of the treatment of opioid addiction, Methadone can only be dispensed by a licensed chemical maintenance facility. Authorization for methadone clinic services is required from ValueOptions.

Acamprosate (Campral) Acamprosate calcium is FDA-approved for the maintenance of abstinence from alcohol in patients with alcohol dependence who are abstinent at treatment initiation. Acamprosate reduces the physical and emotional discomfort (e.g. sweating, anxiety, sleep disturbances) many people feel in the weeks and months after they've stopped drinking which makes it easier for them not to drink after the immediate withdrawal period.

Prescription Restrictions or Limitations: Acamprosate is not in a class of drugs that is currently subject to the PDL so there is no prior authorization requirement for coverage.

Naloxone (Evzio) Naloxone is an opioid antagonist that is used to reverse the effects of opioids, including opioid overdose. Naloxone is used to counteract life threatening depression of the central nervous system and respiratory system. Naloxone has no potential for abuse and has no effect on a person if there are no opioids in the system.

Prescription Restrictions or Limitations: Evzio is currently not on the PDL so would require a prior authorization for coverage. Generic naloxone in the syringe and vial form is preferred and does not require prior authorization.

Pregnancy: According to The American College of Obstetricians and Gynecologists (May 2012)

and American Society of Addiction Medicine (Sep/Oct 2015), Medication Assisted Treatment is recommended for pregnant women who are abusing opioids. Coordination between the Obstetrician and licensed chemical dependency center or physician accredited to prescribe Buprenorphine is strongly recommended.

Buprenorphine monotherapy or methadone are appropriate treatments during pregnancy. Breastfeeding is encouraged for mothers receiving methadone or buprenorphine monotherapy.

Buprenorphine with naloxone in combination is **not** recommended for use in pregnancy. Naltrexone may be continued during pregnancy if risk of relapse is high. In cases where risk of relapse is low, discontinuation may be appropriate. Any medication assisted treatment during pregnancy should only be conducted with appropriate informed consent.

Posting Instructions: Provider Bulletins and Prior Pharmacy Prior Authorization forms can be downloaded from the Hewlett Packard Enterprise Web site at www.ctdssmap.com.

Distribution: This provider bulletin is being distributed by Hewlett Packard Enterprise to providers enrolled in the Connecticut Medical Assistance Program.

Responsible Unit: DSS, Division of Health Services, William Halsey, (860) 424-5077

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