

# Medication Treatment Guidelines for Substance Use Disorders (SUDs) – Naltrexone Containing Products

Medical policy no. 93.40.00.20

Effective: September 20, 2018

Related medical policies:

- Medication Treatment Guidelines for Substance Use Disorders (SUDs) - Buprenorphine Containing Products

## Background:

Substance use disorders (SUDs) impacts the lives of millions of Americans in the general population, including individuals who are enrolled in the Medicaid program. The use of medications in combination with behavioral therapies to treat SUDs can help reestablish normal brain functioning, reduce cravings and prevent relapse. Multiple studies demonstrate that medications, opioid agonists and in some cases opioid antagonists are the most effective treatment for opioid use disorders. The medications used can manage the symptoms of substance use withdrawal that often prompt relapse and allow individuals to utilize other treatments, such as behavior therapy.

## Medical necessity

### Medication Treatment for Substance Use Disorder

It is the goal of the Washington State Health Care Authority (HCA) to maximize opportunities for patients to receive effective and successful treatment for SUDs. Coverage of medications FDA approved or those that are listed as an approved indication in a pharmacologic compendia to treat SUDs increases the number of access points for treatment and provides patients with additional flexibility in managing their recovery.

HCA and its contracted Managed Care Organizations (MCO) will consider medications for the treatment of SUDs medically necessary whether prescribed in an outpatient, emergency room or hospital setting. (The meds may also be started in a hospital).

## Clinical policy:

### Naltrexone Containing Products

Naltrexone is approved for the prevention of relapse in adult patients following the completion of active withdrawal symptoms from opioids. Naltrexone is an opioid antagonist that acts by blocking the brain's opioid receptors, and preventing opioid drugs from acting on them, thus blocking the effects a person would normally experience. If enough time has not elapsed for opioids to have completely cleared a person's system, naltrexone administration can cause withdrawal. It can be taken orally in tablets or as a once monthly injection given in a provider's office. It also acts to reduce opioid cravings experienced by people with an OUD.

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#### Naltrexone IM Injection

Injectable naltrexone is appropriate for patients who have a diagnosis of moderate to severe opioid or alcohol use disorder after a making a shared decision with their prescriber, regarding their treatment goals and how they will be best met by using an opioid antagonist. Recognizing that there are children and adolescents with OUDs whose age is below that listed in

	<p>the FDA product labelling, providers are encouraged to determine the risks and benefits of providing extended release naltrexone vs. the risks and benefits of not providing medication treatment to those under 18 years of age.</p> <p>Treatment should not be initiated for opioids, until a sufficient duration to assure all opioid products and their metabolites have been eliminated has passed. The efficacy of IM Naltrexone in promoting abstinence in opioid use disorder has not been demonstrated in patients who have not completed detoxification and achieved abstinence prior to beginning treatment.</p> <p>For patients receiving IM Naltrexone it would be ideal for providers to ensure:</p> <ul style="list-style-type: none"> <li>• The patient is not using opioid narcotics concurrently with IM Naltrexone because of the potential to cause immediate and severe opioid withdrawal.</li> <li>• The patient is receiving adequate psychosocial support for substance use disorder either directly from the prescriber or as determined by the prescriber to be adequate to meet the patient’s needs through other available resources.</li> </ul>
<p><b>PRESCRIBER INFORMATION:</b>          Authorization is required for patients to receive some medication therapies for OUD. Please see FFS Drug Coverage Criteria at <a href="http://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria">http://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria</a> for a listing of medications and authorization requirements.</p>	
<p><b>ADDITIONAL INFORMATION:</b>          Forms for requesting authorization and an electronic copy of this document can be found on FFS Drug Coverage Criteria at <a href="http://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria">http://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria</a>.</p> <p>For questions regarding this clinical policy, please contact:</p> <ul style="list-style-type: none"> <li>• Charissa Fotinos, MD at <a href="mailto:charissa.fotinos@hca.wa.gov">charissa.fotinos@hca.wa.gov</a></li> </ul>	

**References**

1. AAP COMMITTEE ON SUBSTANCE USE AND PREVENTION.
2. Medication-Assisted Treatment of Adolescents with Opioid Use Disorders. *Pediatrics*. 2016; 138(3):e20161893
3. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63. HHS Publication No. (SMA) 18-5063. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. <https://store.samhsa.gov/product/SMA18-5063FULLDOC>
4. Centers for Disease Control and Prevention. Drug Overdose in the United States: Fact Sheet, Home and Recreational Safety, accessed on January 9, 2018 from <http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>
5. American Society of Addiction Medicine (for buprenorphine information).

<http://www.asam.org/>

6. Mason BJ, Quello S, Goodell V, et al. Gabapentin treatment for alcohol dependence: a randomized trial. *JAMA Intern Med.* 2014 Jan; 174(1):70-77.
7. Hugh M, Malcolm R, Randall PK, et al. A Double Blind Trial of Gabapentin vs. Lorazepam in the Treatment of Alcohol Withdrawal. *Alcohol Clin Exp Res.* 2009 September; 33(9): 1582-1588.
8. Leung JG, Hall-Flavin D, Nelson S et al. Role of Gabapentin in the Management of Alcohol Withdrawal and Dependence. *Annals of Pharmacotherapy.* 2015; Vol. 49(8): 897-906.