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Resolution No. 08 – 2023

Introduced by: OSMA Medical Student Section

Subject: Reducing Barriers and Eliminating Disparities Surrounding Use of Medications for Opioid Use Disorder in Ohio

Referred to: Resolutions Committee No. 1

WHEREAS, the Ohio overdose crisis remains at catastrophic levels, with 5,017 lives lost to overdose in 2020 – the highest number of unintentional overdose deaths per year on record, a 3% increase over 2017 and a 25% increase over 2019¹; and

WHEREAS, through October 2022, Ohio hospitals have seen 27,640 Emergency Department visits for suspected overdose among Ohio residents ages 11 years and older, making hospitals and health care providers critical intervention points for people with substance use disorders²; and

WHEREAS, buprenorphine is clinically proven to reduce illicit opioid use and mortality in people with opioid dependence compared to placebo^{3,4} and reduce risk of relapse by approximately 50% compared to behavioral treatment alone⁵; and

WHEREAS, the WHO/UNODC/UNAIDS issued a joint statement describing opioid substitution maintenance therapy [such as buprenorphine] as “one of the most effective treatment options for opioid dependence” that can “decrease the high cost of opioid dependence to individuals, their families and society at large by reducing heroin use, associated deaths, HIV risk behaviors, and criminal activity⁶,” and

WHEREAS, buprenorphine offers a more accessible treatment option than methadone, which state law requires be ingested under supervision and be restricted to a single take-home dose per week for patients in their first 90 days of treatment, meaning patients must visit a methadone clinic six of seven days a week to receive treatment⁷; and

WHEREAS, buprenorphine can be prescribed or dispensed in physician offices, expanding access to treatment⁸; and

WHEREAS, Ohio's Medicaid program and other payers require prior authorization for buprenorphine and other forms of medication for opioid use disorder⁹⁻¹¹; and

WHEREAS, removing prior authorization for buprenorphine products has been associated with positive outcomes including increases in medication initiation and use, and decreases in health care utilization, health expenditures, opioid use, and relapse^{12,13}; and

WHEREAS, members of racial and ethnic minority groups make up a disproportionate percentage of Medicaid recipients and are less likely to be prescribed medication for opioid use disorder, even when accounting for differences in insurance¹⁴; and

WHEREAS, barriers to treatment, such as prior authorization, can further exacerbate race- and class-based disparities in patient access to buprenorphine, as evidenced by the COVID-19 pandemic in which members of racial and ethnic minority groups in the United States decreases in filled buprenorphine prescriptions while white individuals did not^{15,16}; and NOW THEREFORE

BE IT RESOLVED, That our Ohio State Medical Association amend existing Policy 13-2022 to include advocacy for legislation prohibiting prior authorization requirements and other restrictions on use of evidence-based medications for opioid use disorder; and be it further

RESOLVED, that Policy 13-2022 be amended to include OSMA support for research, policy, and education concerning the impacts of racism and classism on patient awareness of and access to substance use disorder treatment.

Fiscal Note: \$ (Sponsor)
 \$ 1,000 (Staff)

References:

1. Drug Overdose | Ohio Department of Health. Accessed December 2, 2022. <https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/drug-overdose/>
2. Emergency Department Visits for Suspected Drug Overdose Among Ohio Residents Ages 11 Years and Older | Ohio Department of Health. Accessed December 2, 2022. <https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/suspected-od-dashboard2>
3. Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database Syst Rev. 2014;(2):CD002207. doi:10.1002/14651858.CD002207.pub4
4. Clark RE, Samnaliev M, Baxter JD, Leung GY. The evidence doesn't justify steps by state Medicaid programs to restrict opioid addiction treatment with buprenorphine. Health Aff Proj Hope. 2011;30(8):1425-1433. doi:10.1377/hlthaff.2010.0532
5. Clark RE, Baxter JD, Aweh G, O'Connell E, Fisher WH, Barton BA. Risk Factors for Relapse and Higher Costs Among Medicaid Members with Opioid Dependence or Abuse: Opioid Agonists, Comorbidities, and Treatment History. J Subst Abuse Treat. 2015;57:75-80. doi:10.1016/j.jsat.2015.05.001
6. World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS. WHO/UNODC/UNAIDS position paper Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention. Published online 2004. http://apps.who.int/iris/bitstream/handle/10665/42848/9241591153_eng.pdf;jsessionid=4BE7E300417F5426C2A757A056D7BF63?sequence=1
7. Rule 5122-40-06 - Ohio Administrative Code | Ohio Laws. Accessed December 2, 2022. <https://codes.ohio.gov/ohio-administrative-code/rule-5122-40-06>
8. Buprenorphine. Accessed December 2, 2022. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine>

9. CareSource. Buprenorphine Products Prior Authorization Form. Accessed January 3, 2023. <https://www.caresource.com/documents/medication-assisted-treatment-prior-auth-form/>
10. UnitedHealthcare. MAT Therapy - Medication Assisted Treatment - Ohio - Prior Authorization Request Form. Accessed January 3, 2023. <https://www.uhcprovider.com/content/dam/provider/docs/public/prior-auth/uhcp-pharmacy-forms/m-q/OH-MAT-therapy-Medication-Assisted-Treatment-PA-Form.pdf>
11. Ohio Department of Medicaid. Prior Authorization Oral Medication Assisted Treatment of Opioid Use Disorder. Published online December 2019. Accessed January 7, 2023. https://pharmacy.medicaid.ohio.gov/sites/default/files/Oral_MAT_PA_Form.pdf
12. Ferries E, Racsa P, Bizzell B, Rhodes C, Suehs B. Removal of prior authorization for medication-assisted treatment: impact on opioid use and policy implications in a Medicare Advantage population. *J Manag Care Spec Pharm*. 2021;27(5):596-606. doi:10.18553/jmcp.2021.27.5.596
13. Mark TL, Parish WJ, Zarkin GA. Association of Formulary Prior Authorization Policies With Buprenorphine-Naloxone Prescriptions and Hospital and Emergency Department Use Among Medicare Beneficiaries. *JAMA Netw Open*. 2020;3(4):e203132. doi:10.1001/jamanetworkopen.2020.3132
14. Medicaid and CHIP Payment and Access Commission. Racial and Ethnic Disparities in Medicaid: An Annotated Bibliography. Published online April 2021. Accessed January 8, 2023. <https://www.macpac.gov/wp-content/uploads/2021/04/Racial-and-Ethnic-Disparities-in-Medicaid-An-Annotated-Bibliography.pdf>
15. Lagisetty PA, Ross R, Bohnert A, Clay M, Maust DT. Buprenorphine Treatment Divide by Race/Ethnicity and Payment. *JAMA Psychiatry*. 2019;76(9):979-981. doi:10.1001/jamapsychiatry.2019.0876
16. Nguyen T, Ziedan E, Simon K, et al. Racial and Ethnic Disparities in Buprenorphine and Extended-Release Naltrexone Filled Prescriptions During the COVID-19 Pandemic. *JAMA Netw Open*. 2022;5(6):e2214765. doi:10.1001/jamanetworkopen.2022.14765

OSMA Policies:

Policy 13-2022 - Curbing Opioid-Related Deaths in Ohio Through Medication-Assisted Treatment and Harm Reduction Services

1. The Ohio State Medical Association (OSMA) advocates for the use of medication-assisted treatment, including but not limited to methadone or buprenorphine, and harm reduction methods without penalty when clinically appropriate.
2. The OSMA supports public awareness campaigns to increase education of evidence-based services for opioid addiction, including but not limited to medication-assisted treatment, harm reduction, and recovery services.
3. The OSMA supports existing and pilot programs for the distribution of fentanyl test strips in at-risk communities in Ohio