

# END INSURANCE BARRIERS AND DELAYS TO REDUCE OPIOID ADDICTION AND OVERDOSE FATALITIES

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- Oregon Medical Director – Community Medical Services. Salem clinic.
  - Opioid Treatment Program – methadone, buprenorphine, naltrexone.
  - Walk in service.
- No disclosures -- pharmaceutical industry



# OBJECTIVES

## Understand:

- **Danger of delayed care for Fentanyl Use Disorder patients while we wait for insurance**
- Importance of timing in addiction treatment
- Value of injectable medications

## Know:

- States have bills to end or limit prior authorizations
- See Policy Analyst Brian Niebuurt to access a detailed list of **proposed bill components**



Lethal doses of Heroin and Fentanyl – New Hampshire State Police Forensic Lab

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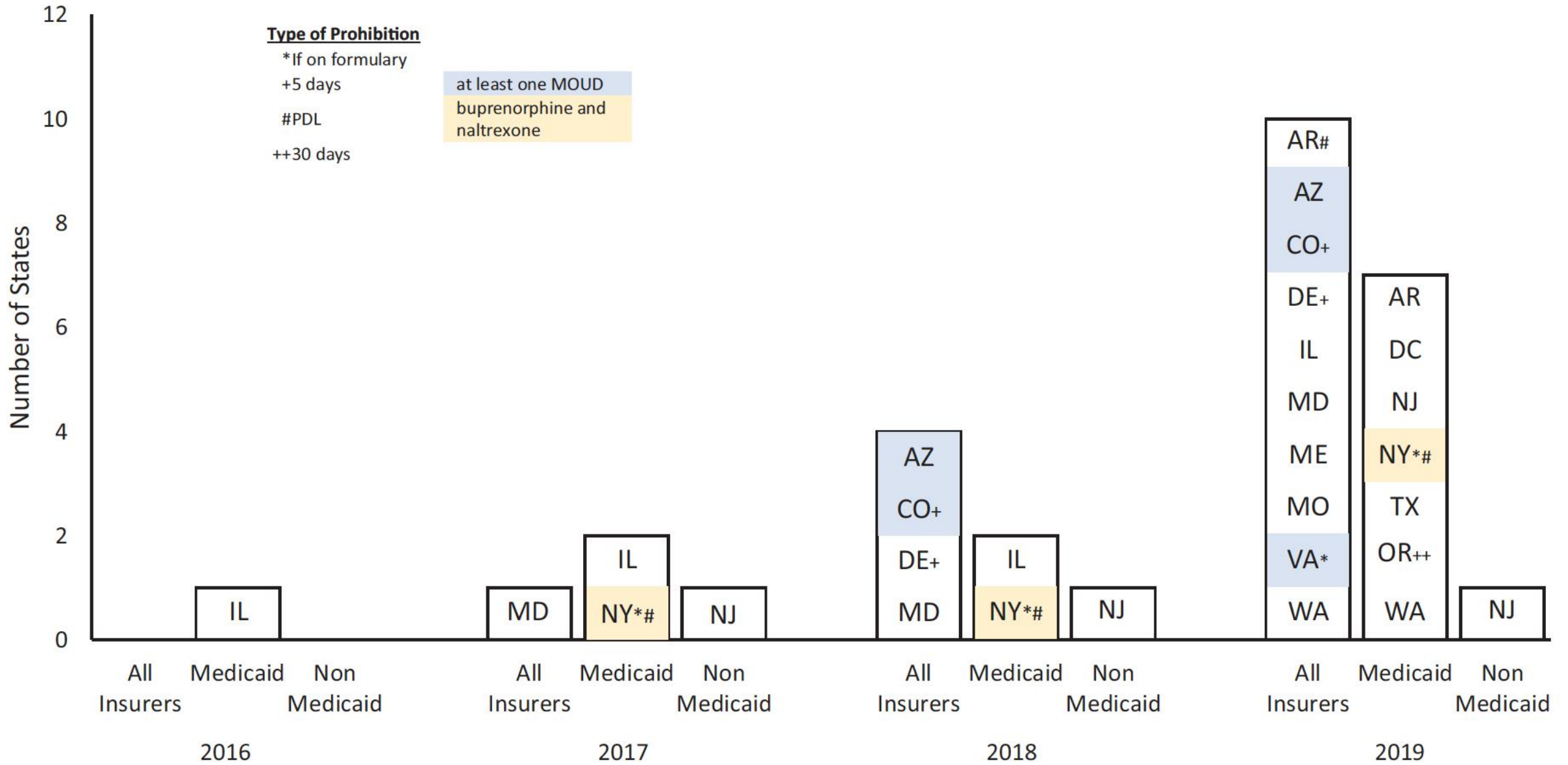


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# STATES WITH LAWS PROHIBITING PRIOR AUTH FOR MOUD



(Andraka-Christou, 2023)

# ADDICTION IS:

A **treatable brain disease** involving reward system

**Treatment** is as **effective** as it is for other chronic diseases.



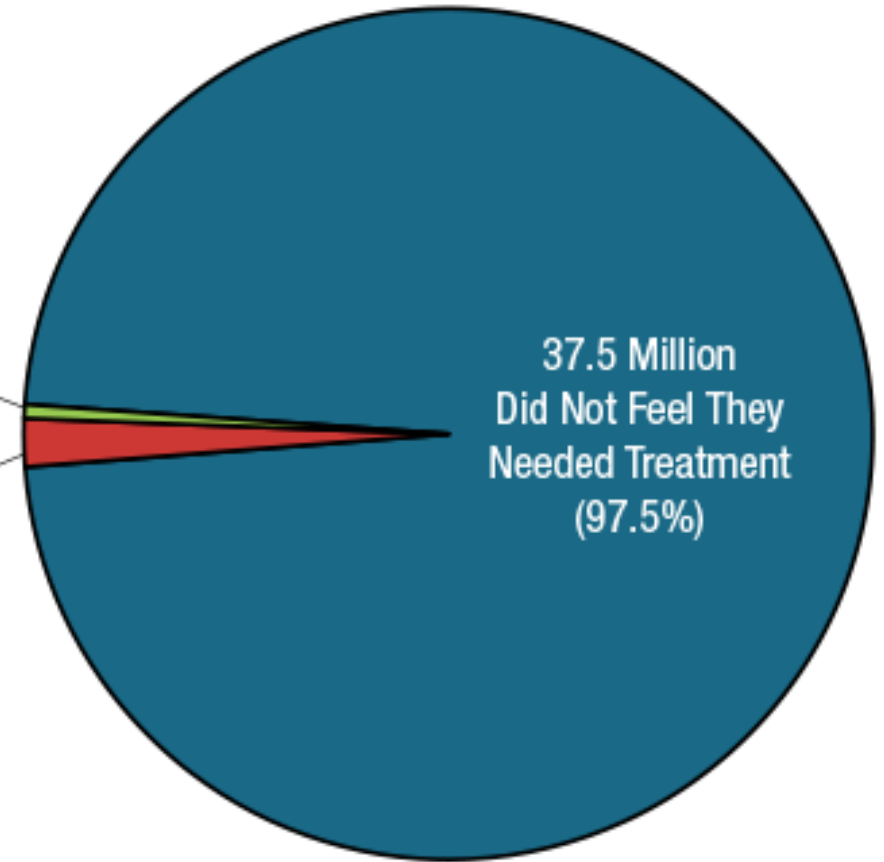
OVER A YEAR OF TIME, **ONLY 2.5%** OF AMERICANS WITH SUD **THOUGHT THEY NEEDED TREATMENT**

**ONLY 0.5% TRIED TO GET IT**



211,000 Felt They Needed Treatment and Made an Effort to Get Treatment (0.5%)

737,000 Felt They Needed Treatment and Did Not Make an Effort to Get Treatment (1.9%)



**38.4 Million People with an SUD Who Did Not Receive Substance Use Treatment at a Specialty Facility**

## MEDICAL CARE WAIT TIME IMPACTS

- One study in Israel: **48% of patients** on a Methadone program waitlist **could not be found** (Peles)
- One study showed that **only 20%** of patients randomized to a waitlist **entered the program**
  - Motivation level at time of waitlisting had no impact (Gryczynski)



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**ONLY 2 MEDICATIONS** FOR MODERATE/SEVERE OPIOID USE DISORDER.

ONLY BUPRENORPHINE IS AVAILABLE IN MANY LOCATIONS.

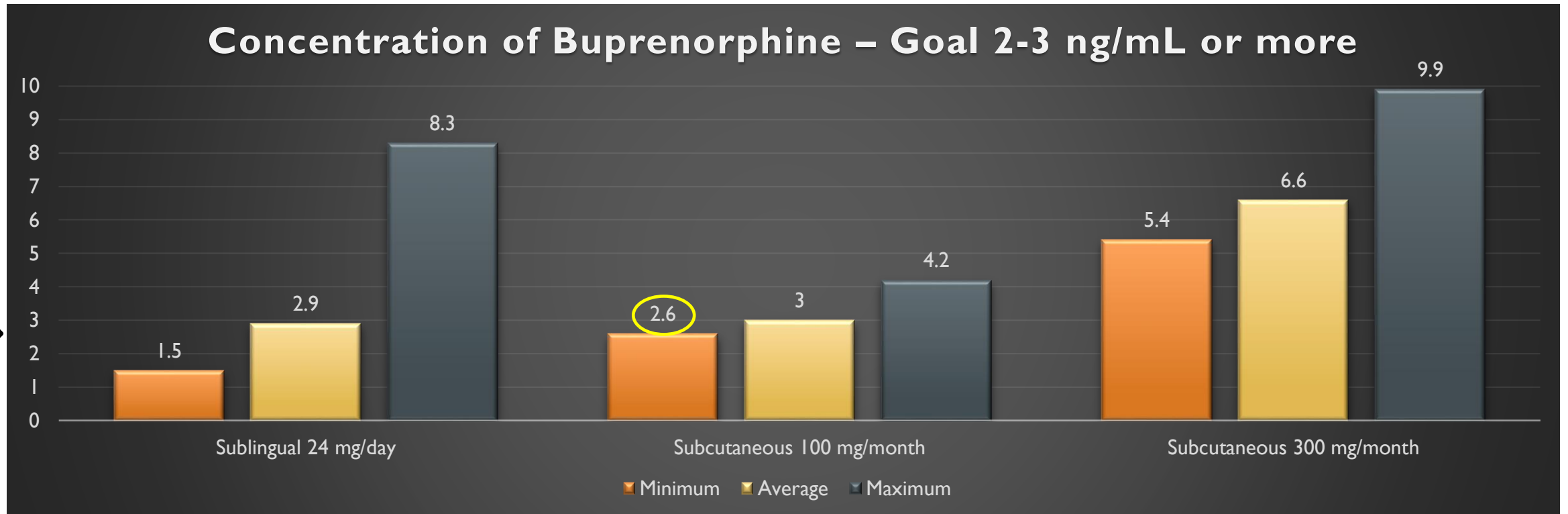
WE **NEED ALL FORMS AND DOSES OF BUPRENORPHINE** AVAILABLE **IMMEDIATELY.**



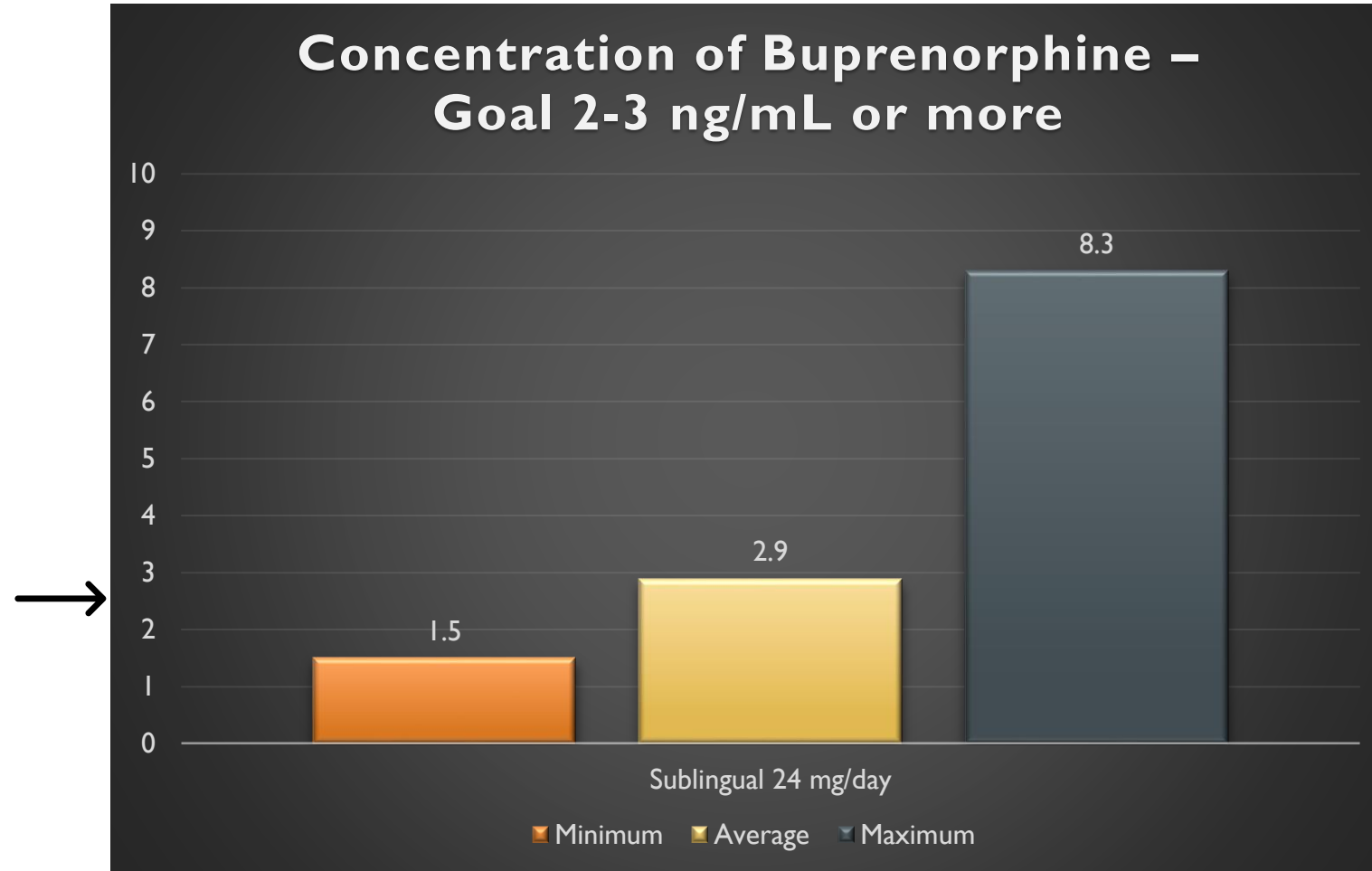


## SOLUTION: CRAVING CONTROL – BETTER BLOOD LEVELS FROM **SUBCUTANEOUS BUPRENORPHINE**

**≥2.6 FOR ALL PATIENTS REGARDLESS OF WEIGHT AND GENETIC VARIATIONS IN ENZYMES**



SOLUTION: REQUIRE IMMEDIATE COVERAGE FOR BUPRENORPHINE  
SUBLINGUAL DOSE >24 MG/DAY (EXAMPLE: 28-40 MG/DAY)





Treating Substance Use Disorder patients without delay is crucial to their survival, health, and controlling healthcare and state social service costs.

## SUMMARY

Waiting for healthcare for addiction is highly hazardous due to the nature of the disease.

We have only two medications for moderate and severe Opioid Use Disorder and we need unlimited immediate access to reduce the overdose rate in Oregon.

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# THANK YOU

**Please contact me if you would like to discuss Bill Components**

- Ask Policy Analyst Brian Nieubuert to access the detailed list

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## NOTE ABOUT ALCOHOL USE DISORDER TREATMENT

**Need for immediate coverage for naltrexone intramuscular injection**

**Naltrexone** (Revia ®, Vivitrol ®):

**Reduce craving**, esp. cue-induced (2)

Oral – poor compliance

**Subcutaneous** – good outcomes



(Herron)