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Buprenorphine Medication Assisted Treatment (BMAT) Program Description

Medication Assisted Treatment (MAT) uses medication, counseling, and behavioral therapies to provide a patient-centered approach to treat substance use disorders (SUD) for those diagnosed with opioid use disorder (OUD). Research shows a combination of medicine and behavioral therapies is the preferred approach when treating OUD. The duration of treatment should be based on the needs of the patient.

The Food and Drug Administration (FDA) has approved several medications to treat OUD, which include products that contain buprenorphine. Buprenorphine treatment for OUD is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the American Society of Addiction Medicine (ASAM).

The BlueCross BlueShield of Tennessee (BlueCross) BMAT Program description below includes educational information about treatment and clinical care activities for licensed practitioners who prescribe buprenorphine products, provide counseling and/or behavioral therapy, and provide care coordination or other ancillary services for members who are being treated with buprenorphine products, as well as information regarding practitioner participation in the BlueCross BMAT program. This BlueCross BMAT program closely aligns, where possible, with the State of Tennessee Division of TennCare's Buprenorphine Enhanced and Supportive Medication Assisted Recovery and Treatment (BESMART) Program.

Note: References in this document to: (a) "patient" mean an eligible and enrolled member of one of the BlueCross Commercial or Medicare Advantage plans who is a patient of a physician who is participating in the corresponding BlueCross Commercial or Medicare Advantage (MA)/Medicare Advantage Prescription Drug (MAPD) plan provider network and participating in the BlueCross BMAT program; and (b) "member" mean an eligible and enrolled member of one of the BlueCross Commercial or MA/MAPD plans.

References to BlueCross MA/MAPD plans in this program description mean BlueAdvantage MA PPO, BlueEssential MA CSNP HMO, and BlueCare Plus DSNP HMO.

References to BlueCross Provider Administration Manual in this program description mean the BlueCross Commercial/Medicare Advantage provider administration manual and/or the BlueCare Plus provider administration manual.

Be sure to verify the patient's covered benefits under their health benefit and/or prescription drug plan as coverage may vary as to counseling, behavioral therapy, care coordination, ancillary services, and/or prescription drugs. Some plans may have a formulary or drug list identifying prescription medications covered under the plan.

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Program Practitioner Eligibility, Pharmacy Benefits and Clinical and Supportive Elements

Practitioner Eligibility

To participate in the BlueCross BMAT program, practitioners must be participating in the BlueCross commercial and/or MA/MAPD plan provider networks and meet all state and federal requirements to prescribe products that contain buprenorphine including without limitation:

- An unrestricted license
- An active DATA 2000 waiver (DEA certified to prescribe buprenorphine products for OUD)
- Adhering to state-imposed limits placed on the number of patients and settings in which non-physician prescribers can practice

Medication

According to *SAMHSA*, the preferred medication is a buprenorphine/naloxone combination for induction as well as stabilization unless contraindicated (e.g., pregnancy) followed by buprenorphine monotherapy. The buprenorphine/naloxone combination minimizes diversion and intravenous (IV) abuse.

- For contraindications to buprenorphine/naloxone, refer to the most up to date ASAM Practice Guidelines.
- For guidance on managing women with OUD during pregnancy, refer to the section for Special Populations.

Be sure to check your patient's plan drug list when prescribing a buprenorphine/naloxone combination as there may be health benefits and/or prescription drug plan coverage limitations for a given medication. We'll also work with practitioners in this program to get their input as to program updates or suggestions.

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MAT Clinical and Supportive Elements

As part of the BlueCross BMAT program, you'll need to adhere to the following clinical and supportive elements, which align with the Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS) licensure rules for Office Based Opiate Treatment facilities:

- Document initial patient screening to determine whether the patient meets the diagnostic criteria for an OUD as defined in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or ICD-10.
- Maintain regular office visits with patients:
    - Weekly for patients in the induction and stabilization phase
    - Every two to four weeks for patients in the maintenance phase
    - At least every two months for patients who have been in maintenance phase for one year or longer
- Discontinue the administration of buprenorphine/naloxone medications if and when the patient has achieved maximum benefit from treatment. Document rationale for your patient needing ongoing treatment that includes continued use of opioids, where applicable.
- Buprenorphine/naloxone administration should slowly lessen while appropriate psychosocial services continue to be provided. Assess patients for continued stability. Involuntary treatment termination may occur under certain circumstances; however, abandonment should be avoided. Practitioners are strongly encouraged to have written policies and procedures that should be discussed with each patient.
- The BlueCross BMAT program provides initial and on-going training and resources to patients receiving care including:
    - Treatment options, including detoxification supported by MAT, and the benefits and risks associated with each treatment option
    - The risk of neonatal abstinence syndrome and use of voluntary long-acting reversible contraception (vLARC) for all female patients of childbearing age (ages 15-44)
    - Prevention and treatment of chronic viral illnesses, such as human immunodeficiency virus (HIV) and hepatitis C
    - Expected therapeutic benefits and adverse effects of treatment medication
    - Risks for overdose, including drug interactions with central nervous system (CNS) depressants such as alcohol and benzodiazepines, and relapsing after periods of abstinence from opioids
    - Overdose prevention and reversal agents

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Overview of Treatment Phases, Protocols and Guidelines

Overview of MAT Treatment Phases

The **Induction Phase** is the medically monitored administration of buprenorphine treatment performed in a qualified and licensed practitioner's office, inpatient setting, certified Opioid Treatment Program, or emergency room setting using FDA approved buprenorphine products. Medication is administered when a patient with an opioid dependency has abstained from using opioids for 12 to 48 hours (depending on short-acting vs. long-acting formulations) and is in the early stages of withdrawal.

The **Stabilization Phase** begins after a patient has discontinued or greatly reduced their misuse of the problem drug(s), no longer has cravings and experiences few, if any, side effects. The buprenorphine dose may need to be adjusted during this phase.

The **Maintenance Phase** occurs when a patient is doing well on a steady dose of a buprenorphine product. The length of time of the maintenance phase is tailored to each patient.

After the patient is stabilized, an alternate approach could be a medically supervised gradual buprenorphine decrease that avoids unmanageable withdrawal symptoms. Patients can then engage in further recovery — with or without MAT — to prevent a possible relapse.

During treatment, regardless of the state in which practitioners are licensed, practitioners must follow all state rules and regulations as outlined in the TDMHSAS and Tennessee Department of Health (TDH) *Nonresidential Buprenorphine Treatment Guidelines* and Tennessee Code Annotated § 53-11-311 (2020).

Practitioners should also follow the treatment guidelines for each phase shown below while documenting the patient's current phase and associated program components in the medical record. For more information on billing codes for each phase that are to be used when submitting claims for covered services to BlueCross, please refer to the applicable billing and payment terms and rates included in the practitioner's provider participation agreement with BlueCross or the applicable BlueCross Provider Administration Manual.

Induction and Stabilization Phase

A patient in the induction or stabilization phases of treatment should:

- Have scheduled weekly office visits
- Receive appropriate counseling sessions at least twice a month
- Be subject to a random observed drug screen at least weekly
- Receive care coordination services weekly, if indicated

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Maintenance Phase

A patient in the maintenance phase of treatment for **less than one year** should:

- Have a scheduled office visit at least every two to four weeks
- Receive counseling sessions at least monthly
- Be subject to a random observed drug screen at least eight times annually
- Receive care coordination services at least monthly, if indicated

A patient in the maintenance phase of treatment for **a year or more** should:

- Have a scheduled office visit at least every two months
- Receive counseling sessions at least monthly unless clinically stable and with continued signs of recovery
- Be subject to a random observed drug screen at least four times annually
- Receive care coordination services at least monthly, if indicated, to include coordination with the patient's primary care physician

Tapering Treatment

- Weigh the risk of relapse with the benefit of tapering down or off buprenorphine.
- Similar to other disease states, tapering the treatment medication should only occur when clinically appropriate and in agreement with the patient. Tapering schedules and durations are patient specific. At the patient's request or no later than one year after initiating treatment, discuss readiness to taper down or taper off treatment medications documented in the patient's treatment plan.

Detailed Drug Screen Protocol

Use of appropriate drug screening and consistent screening protocols are an important and required process in the delivery of MAT services. The following is a summary of protocols from TDMHSAS' licensure rules for Office Based Opiate Treatment facilities (Be sure to keep up to date on any Tennessee state laws applicable to prescribers of opioids or other scheduled medications).

- Random observed drug screenings and other adequately tested toxicological procedures should be used to assess the patient's abuse of drugs and evaluate treatment progress.
- Drug screening procedures should be individualized and must follow the required drug screen frequency described in phases of treatment.
- More frequent collection and analysis of drug screen samples during episodes of relapse or medically supervised (or other types of) withdrawal are acceptable. The medical necessity justification for the more frequent screening must be appropriately documented in the patient's medical record.
- Collection and testing should be done in a way that ensures samples collected from a patient aren't contaminated. Any ordered qualitative/confirmatory screens should be ordered for the drugs or drug classes in question. Collection and testing protocol must include random direct

observation that's conducted professionally, ethically, and in a way that respects patient privacy.

- A positive test is a drug screening that results in the presence of any restricted drug or substance when the patient can't provide a valid prescription. Any refusal to participate in a random drug test ordered by a provider must be treated as a positive test result.
- Immediately discuss any unexpected results, including both unexpected positive and negative results, with the patient. Appropriate changes to the treatment plan and interventions should follow any unexpected results.
- Document both the results of toxicological tests and any follow-up therapeutic action taken in the patient's record.
- The absence of medications prescribed by a provider for the patient in drug screening results should be considered evidence of possible medication diversion and evaluated by the treating provider accordingly.
- Nothing should prevent a provider from administering any additional drug tests that satisfy the medical necessity criteria. The need for such testing should be fully documented in the patient's medical records.

Program Components

In addition, participating practitioners are encouraged to review any requirements of their respective professional licensure related to prescribing, and all applicable Tennessee state laws regarding substance use disorder treatment programs. Below is a list of items that may apply to you and your treatment activities:

- Include protocols to review the Controlled Substance Monitoring Database (CSMD) each time a prescription is written or electronically prescribed and dispensed.
- Employ, contract or partner with a behavioral health counselor to provide psychosocial assessments[1], addiction counseling, individual/group counseling, self-help and recovery support and therapy for co-occurring disorders. Your patient's counselor may be either co-located with the MAT Provider or participate in an SUD practice attended by your patient.
- Provider's counseling professional (or contracted or referred counseling professional) must hold, at least, a master's degree in the mental/behavioral health discipline and, if not independently licensed to provide counseling services, be under the direct supervision of a licensed mental health provider practicing within their scope of licensure as outlined in Tennessee Code § 33-1-101.
- Include confidential documentation of care including individualized treatment plans completed within 30 days of admission and reviewed every six months
- Include and document appropriate behavioral health counseling sessions per each phase of treatment:
    - At least twice a month for patients in the induction and stabilization phase.
    - At least monthly for patients in the first year of the maintenance phase. For patients who remain in the maintenance phase beyond one-year, behavioral health counseling at least once a month may still be recommended.

[1] A standardized, evidenced-based psychosocial assessment is recommended (e.g., DLA-20 or QOL-10)

- Employ, contract or partner with a local care coordination resource to:
  - Facilitate communication between prescriber and counselor
  - Maintain communication with the patient as needed
  - Coordinate urinary drug screens (UDS)
  - Conduct pill or film counts and refer the patient for appropriate counseling
  - Provide other peer recovery support services (e.g., 12-step)
  - Include appropriate care coordination: at least weekly for patients in the induction and stabilization phase and at least monthly for patients in the maintenance phase
- Perform routine and random UDS checks:
  - At least weekly (random and observed) for patients in the induction and stabilization phase
  - At least eight times per year for patients in the maintenance phase for less than a year
  - At least four times per year for patients in the maintenance phase for more than a year
- Maintain a Diversion Control Plan and perform routine and random pill/film counts.
- Maintain a plan to address medical emergencies, including naloxone on site.
- Maintain a plan to address psychiatric emergencies.
- Communicate with other providers who are treating the patient and with the patient's informal support system.

While counseling is a recommended component of MAT, a patient may continue to receive prescribed buprenorphine even if counseling is not part of their treatment. This decision should be based on your clinical judgement and your patient's overall involvement in their treatment and recovery.

Care Coordination

Care coordination/case management is one aspect of OUD treatment intended to coordinate services and therapies to meet a patient's comprehensive health needs. Coordination of care is an expectation of the provider. Providers should employ, contract, or partner with a local care coordination resource to participate in the program. Practitioners should also document the care coordination activities in the patient's chart. Care coordination activities should include:

- Obtain patient consent and communicate in a timely manner with the patient's support team.
- Facilitate communication between the prescriber and counselor (or psychosocial treatment provider if not in the same office treatment location).
- Communicate and coordinate care with other providers who are treating the patient (e.g., Primary Care Physician, specialist, surgeon, OB/GYN, etc.) with appropriate patient consent. Note: Sharing substance abuse treatment information is subject to applicable state and federal privacy and confidentiality laws (e.g., HIPAA, 42 Part C, etc.).
- Support access to pharmacy services including requesting prior authorizations if required by the patient's health benefits and/or prescription drug plan coverage and supporting the patient to receive prescribed medications in a timely manner.
- Maintain contact with the patient as needed.
- Coordinate drug screens as needed.
- Coordinate other recovery support services (e.g., 12-step) as needed.

Additional care coordination practices, which may be beneficial to the patient, include further facilitation of care through:

- Coordination of care for recovery or social services (e.g., housing, employment, legal assistance)
- Coordination with the local ER in potential drug overdoses

Your care coordinators must meet the qualifications as defined by the provider's personnel requirements policy and work under the direct supervision of the DATA 2000 waivered physician (a SAMHSA approved, in-network prescriber), clinical director and/or the MAT clinic practice manager.

Special Populations

Remain up to date with the most recent evidence and guidelines in caring for special populations (e.g., pregnancy, postpartum, persons with SUDs, psychiatric disorders, etc.).

- If a patient is pregnant, with their consent and according to all applicable state (TCA §53-11-311) and federal laws, consult the obstetric provider if it's not the buprenorphine provider about the patient's treatment plan and medications. Coordinate pain management and postpartum care with the obstetric provider.
    - Any decision to transition a woman from buprenorphine/naloxone to the buprenorphine monotherapy during pregnancy should be done after a thorough review of the benefits and risks to the mother and child.
    - If the MAT provider chooses to not serve a pregnant patient, make every reasonable effort to refer the patient to available treatment resources.

Monitoring Activities

Monitoring activities and reviews may be conducted by the practitioner and BlueCross as needed to verify adherence to BMAT program standards and clinical treatment guidelines.

Member Complaints Regarding the BMAT Program and/or Quality of Care Concerns

Member complaints regarding the BlueCross BMAT program and/or quality of care concerns forwarded to our Behavioral Health Quality Management department may trigger quality of care reviews or investigations.

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References and Resources

This Program Description and the Treatment Elements is an overview developed from the references and resources noted below. Please consult the additional resources, references, and comprehensive guidelines for using buprenorphine to treat OUD noted below.

Notwithstanding any language to the contrary, this Program Description is not:

- Directing any practitioner as to what the clinically appropriate treatment is for their patients as this is a decision between the practitioner and the patient
- Intended as a substitute for professional medical advice
- A description of benefits. Contact BlueCross for information on covered benefits under a member's plan.

For SAMHSA Resources:
https://www.samhsa.gov/
http://store.samhsa.gov
SAMHSA Treatment Improvement Protocol (TIP) #63, "Medications for Opioid Use Disorder"

Examples of screenings are found at http://www.samhsa.gov/sbirt

The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder 2020 Focused Update: https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline

Tennessee Nonresidential Buprenorphine Treatment Guidelines:
For a complete copy of the guidelines, please visit:
https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018_Buprenorphine_Treatment_Guidelines.PDF

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