



# Medication-assisted treatment paves road to recovery

In 2015, approximately 21.7 million Americans aged 12 or older had a substance use disorder (SUD) in the past year, according to the Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>1</sup> For individuals suffering from substance use disorders—and those poised on the edge of addiction—making it through each day of recovery can be a daunting challenge.

## Hope for the future

Numerous studies<sup>2</sup> have demonstrated a significant role for pharmacotherapy in augmenting the treatment of a variety of substance abuse disorders—and Magellan took note. Based on professional standards, such as those developed by the American Psychiatric Association's Physician Consortium for Performance Improvement®, a taskforce of Magellan clinical leaders created the medication-assisted treatment (MAT) program.

## What is MAT?

Our national initiative seeks to increase the use of acamprosate, naltrexone (both in oral and injectable form), buprenorphine—and new medications as their proven benefits emerge—in treatment of substance use disorders where clinically appropriate. The program not only focuses on patients who have been discharged from inpatient substance use treatment programs, but also targets individuals receiving outpatient case or disease management services. Through MAT measures, Magellan monitors the number of cases in which physicians are prescribing medications and follows member readmission rates.

As part of this intervention, Magellan continually collaborates with its health plan partners to help facilitate the incorporation of these medications into client formularies. Additionally, Magellan focuses on provider education efforts to illustrate the importance of using appropriate medications when developing members' substance use disorder treatment plans.

1. Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51)*. Retrieved from <http://samhsa.gov/data>.
2. Schuckit MA. Treatment of opioid-use disorders. *N Engl J Med* 2016; 375(4): 357-68. • Volkow ND, Koob GF, McLellan AT. Neurobiologic advances from the brain disease model of addiction. *N Engl J Med* 2016; 374(4): 363-71. • Volkow ND, Collins FS. The role of science in addressing the opioid crisis. *N Engl J Med*, 2017; special report: 1-4. • Carroll KM, Weiss RD. The role of behavioral interventions in buprenorphine maintenance treatment: A review. *AJP in Advance*, 1-10. doi:10.1176/appi.ajp.2016.16070792 • Woody GF. Current progress in opioid treatment. *Am J Psychiatry* 2017; 174(5): 414-16. • O'Brien C. In treating alcohol use disorders, why not use evidence-based treatment? *Am J Psychiatry* 2015; 172(4): 305-6. • Rosenthal RN, Lofwall MR, Kim S, Chen M, Beebe KL, Vocci FJ. Effect of buprenorphine implants on illicit opioid use among abstinent adults with opioid dependence treated with sublingual buprenorphine: a randomized clinical trial. *JAMA* 2016; 316(3): 282-90. doi:10.1001/jama.2016.9382. • Compton WM, Volkow ND. Improving outcomes for persons with opioid use disorders: buprenorphine implants to improve adherence and access to care. *JAMA* 2016; 316(3): 277-79. • Dunlap B, Cifu AS. Clinical management of opioid use disorder. *JAMA* 2016; 316(3): 338-39. • Buprenorphine implants (Probuphine) for opioid dependence. *JAMA* 2016; 316(17): 1820-21.