



# Policy Key: Medication Assisted Treatment (MAT) in Opioid Treatment Programs (OTPs) and Ambulatory Substance Use Disorder Programs

TriWest Clinical Operations – TRICARE West

## SCOPE

This Policy Key provides criteria to use during medical necessity review for Medication Assisted Treatment for Substance Use Disorders.

## NOT COVERED

- The programmed use of physical measures, such as electric shock, alcohol, or other drugs as negative reinforcement (aversion therapy) is not covered, even if recommended by a physician. Note that disulfiram is not considered a medication used as aversion therapy. [1]

## COVERAGE CRITERIA

- Medication Assisted Treatment (MAT) is covered for the treatment of Substance Use Disorders (SUD) from both institutional and individual professional providers. However, certain forms of MAT for treatment of opioid use disorder (e.g., administration of methadone) are regulated by the Department of Health and Human Services, the Center for Substance Abuse Treatment, and the Drug Enforcement Administration, along with state and local regulations. [1]
- MAT is a covered benefit provided in Opioid Treatment Programs (OTPs) by TRICARE-authorized providers when medically and psychologically necessary. [2]
- Some MAT services may also be used to treat SUDs other than opioid use disorder (e.g., Naltrexone extended release injectable for treatment of alcohol use disorder). [1]
- A Primary Care Manager (PCM) referral is required for OTP services. Preauthorization is not required for OTP services; however, if the OTP provider is a network provider, a request for preauthorization from the network provider may be accepted in lieu of a PCM referral.[2]
- Opioid use disorder may be treated on an outpatient basis with FDA approved products by qualified, licensed physicians, Nurse Practitioners (NP), and Physician Assistants (PA). Depending on the medication prescribed, a valid physician waiver, or NP/PA waiver (respectively), issued under the Controlled Substances Act, as amended by the Drug Addiction Treatment Act of 2000 (21 United States Code (USC) 823(g)(2)), and verified through Substance Abuse and Mental Health Services Administration (SAMHSA) may be required. If required, the qualified physician, NP, or PA must be registered with the DEA to dispense controlled substances and in possession of an assigned DEA special identification number. [3]

- Authorized OTPs must enter into participation agreements for services and supplies. [2]

## Initial Request

- Initial Level of Review may approve for 180 days if the beneficiary meets ALL of the following medical necessity criteria:
  - Has a PCM referral or a pre-authorization request from the network provider for outpatient substance use disorder treatment or an Opioid Treatment Program.
  - Has a diagnosis of moderate to severe substance use disorder per the most recent version of the DSM.
  - The beneficiary is at risk for a withdrawal syndrome as evidenced by either abnormal vital signs (e.g., blood pressure, temperature, pulse, and respirations), or elevated scores on clinically-based scales (e.g., Clinical Institute Withdrawal Assessment (CIWA), Clinical Opiate Withdrawal Scale (COWS)).
  - One (1) of the following conditions:
    - Alcohol or Sedative/Hypnotic Withdrawal – as evidenced by recent use of these substances and some or all of the following observable, objective symptoms: agitation, tremor, sweating, diarrhea, headache, nausea, and vomiting.
    - Opiate Withdrawal – as evidenced by recent use of these substances and some or all of the following observable, objective symptoms: irritability, lack of appetite, sweating, diarrhea, dilated pupils, insomnia, teary eyes, muscle spasms, erection of the hair on the skin, runny nose, rapid breathing, yawning.
  - The presenting signs/symptoms must be causing clinically significant distress or impairment of social, occupational, or other important areas of functioning.
  - The beneficiary does not require around-the-clock nursing care.
  - When there is a history of repeated relapses and/or multiple failed treatment episodes, the beneficiary is demonstrating a commitment to actively engage in the implementation of a treatment plan that:
    - Includes clear interventions specifically addressing prior non-adherence and poor response to treatment.
    - Includes clear interventions that are likely to reduce the frequency and severity of future relapse.
    - Has the goal of maintaining abstinence.
  - Documented participation in and adherence to a comprehensive management program including psychosocial support.
  - Meets the following criteria for specific treatments.
    - Naltrexone (Vivitrol) may be approved if ALL of the following are met:
      - 18 years of age or older.
      - No acute hepatitis or severe hepatic impairment.
      - Not receiving concurrent treatment with opioid analgesics.
      - Not experiencing acute opioid withdrawal.
      - Has not failed the naloxone challenge test or does not have positive urine screen for opioids within the past seven (7) days.

- Beneficiary meets one (1) of the following conditions:
  - Alcohol Use Disorder
    - Failed to adhere to oral naltrexone, disulfiram, or acamprosate therapy.
    - Not had an alcoholic drink for seven (7) days before initiation of therapy.
  - Opioid Use Disorder
    - Undergone opioid detoxification for at least seven (7) days
    - Has, or is anticipated to have, difficulty adhering to daily naltrexone.
- Dose does not exceed 380mg every four (4) weeks or once a month.
- Buprenorphine Extended Release Subcutaneous Injection (Sublocade/Brixadi)
  - 16 years of age or older.
  - Diagnosed with moderate to severe opioid use disorder.
  - Not concomitantly using opioid containing medications.
  - Has initiated treatment with an oral or transmucosal buprenorphine containing product at a daily dose of 8-24 mg of buprenorphine for at least seven (7) days before initiating treatment.
  - Will not be receiving supplemental oral, sublingual, or transmucosal buprenorphine.
  - Dosing is consistent with FDA labeling.
- Requests for all other Non-Formulary Medications for MAT
  - Beneficiary has a documented trial and failure of formulary medications (e.g., Buprenorphine oral, sublingual, or transmucosal), OR
  - Beneficiary has a documented medical reason (allergy, intolerance, hypersensitivity, contraindication) for not using buprenorphine oral, sublingual, or transmucosal.

## Subsequent Visits

- **Initial Level of Review** may approve an additional 90 days of treatment if ALL of the following conditions are met:
  - Documented continued clinical benefit to the beneficiary as defined by complete abstinence confirmed with appropriate laboratory screens.
  - Continued administration is necessary to prevent relapse.
  - Absence of unacceptable toxicity from the medication (e.g., hepatotoxicity, severe injection site reactions, etc.)

## DEFINITIONS

**Medication Assisted Treatment** – is holistic modality for recovery and treatment for a Substance Use Disorder that employs evidence-based therapy, including psychosocial treatments and



psychopharmacology, and Food and Drug Administration (FDA) approved medications as indicated for the management of withdrawal symptoms and maintenance.

**Opioid Treatment Programs** – are service setting for opioid treatment, either free standing or hospital based, that adhere to the Department of Health and Human Services' (DHHS) regulations at 42 CFR Part 8 and use medications indicated and approved by the Food and Drug Administration (FDA). Treatment in OTPs provides a comprehensive, individually tailored program of medication therapy integrated with psychosocial and medical treatment and support services that address factors affecting each patient, as certified by the Center for Substance Abuse Treatment (CSAT) of the DHHS Substance Abuse and Mental Health Services Administration (SAMHSA). Treatment in OTPs can include management of withdrawal symptoms (detoxification) from opioids and medically supervised withdrawal from maintenance medications. Patients receiving care for substance use and co-occurring disorders care can be referred to, or otherwise concurrently enrolled in OTPs

## CODES

NA

## REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 3.17, Medication Assisted Treatment (MAT),

[https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S3\\_17.html](https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S3_17.html)

[2] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 3.16, Opioid Treatment Program (OTP), [https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S3\\_16.html](https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S3_16.html)

[3] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 3.5, Substance Use Disorders (SUD) – General,

[https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S3\\_5.html](https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S3_5.html)

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