



ECHO is an innovative telementoring model that links specialists with community-based providers in underserved areas. Specialists share their knowledge through case-based learning and guided practice. By training more clinicians to administer and monitor MAT, Beacon expands member access to this much-needed, highly effective treatment option. Beacon is the first behavioral health management company in the country to become an official partner of ECHO.

NEXT STEPS:

Interested in locating a MAT Provider? Want to be listed on the MAT Medicaid Provider Locator map? Interested in participating in the ECHO initiative? Visit the MAT Resources page on the CT BHP website at <http://www.ctbhp.com/medication-assisted-treatment.html> or contact the Provider Relations Department at 877-552-8247 Options 1,3,7.

OTHER RESOURCES

Connecticut Behavioral Health Partnership (CT BHP)
877-552-8247

Medication Assisted Treatment
www.ctbhp.com/medication-assisted-treatment.html

HUSKY Healthcare
800-859-9889
www.huskyhealth.com

United Way-211
Dial 211
www.211ct.org

Department of Social Services (DSS)
Programs & Services
www.ct.gov/dss/cwp/view.asp?a=2345&q=490632

Department of Mental Health & Addiction Services (DMHAS)
Medication Assisted Treatment
www.ct.gov/dmhas/cwp/view.asp?q=335224

Department of Children & Families
www.ct.gov/DCF

Advanced Behavioral Health (ABH)
Access Line: 1-800-563-4086
Programs & Services
www.abhct.com/Programs_Services

Connecticut Community for Addiction Recovery (CCAR)
Services & Resources
ccar.us/#services

Substance Abuse and Mental Health Services Administration (SAMHSA)
Medication Assisted Treatment
www.samhsa.gov/medication-assisted-treatment

ADDRESSING CONNECTICUT'S OPIOID CRISIS

According to the Center for Disease Control, the rate of drug induced deaths in Connecticut increased by over 190% between 2003 and 2017. Since 2013, the rate of death due to drug and opioid overdose in the state has surpassed the national rate. Beacon Health Options, in conjunction with the Connecticut Behavioral Health Partnership, is at the forefront of the state's response to the opioid epidemic, promoting an evidence-based, holistic opioid use disorder (OUD) treatment approach that includes medication-assisted treatment (MAT), community support, specialty clinical management, and other recovery-oriented interventions. Our local strategies include:

- Expanding access to MAT through network development, education, and collaboration
- Sharing and promoting best practices in opioid treatment by educating and engaging providers in Project ECHO (Extension for Community Healthcare Outcomes)
- Maintaining a MAT locator map on our website, ctbhp.com, featuring MAT clinics, medications, transportation accessibility, and treatment offered for Medicaid members
- Coordinating care with Community Health Network of CT (CHNCT), the Medical Administrative Services Organization, to address members with chronic pain at risk for OUD
- Collaborating with local agencies, organizations, and providers to share resources and best practices, and to offer trainings
- Providing OUD clinical management to improve member engagement and retention in outpatient treatment

MEDICATION-ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER

Connecticut Behavioral Health Partnership (CT BHP)

Telephone: 877-552-8247

Hearing Impaired TDD/TTY:
866-218-0525 or 711

Website: www.ctbhp.com

MAT Provider Locator Map:
<http://bit.ly/2ctbhpmap>



WHAT IS MEDICATION-ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER?

Beacon Health Options recognizes opioid use disorder (OUD) as a chronic brain disease that should be treated like any other chronic health condition. Addressing OUD’s chronic nature, MAT is an evidence-based treatment that incorporates FDA-approved medications to ease withdrawal symptoms and psychological cravings; it is the most effective treatment, in conjunction with counseling and other behavioral therapies, available to date.

EVIDENCE SHOWS MAT:

- Decreases opioid-related deaths
- Decreases illicit drug use
- Improves overall health and productivity when people are adequately treated and monitored
- Enables compliance with—and retention in—treatment
- Is effective as part of a holistic addiction treatment program by bridging the behavioral and biological components of addiction

THERE ARE THREE MAIN CHOICES FOR MEDICATION

The medications used in treatment of opioid use disorder are:

- **Methadone**
- **Buprenorphine** (oral (Suboxone®, Zubsolv®, Bunavail®), injectable (Sublocade®), or implant (Probuphine®))
- **Naltrexone** (oral (previously branded as Revia®), or extended release injection (Vivitrol®))

Methadone and buprenorphine activate the same receptors as opioids being abused. The individual taking the medication feels normal, not high, and withdrawal does not occur. Additionally, these medications lessen cravings. However, sudden discontinuation of methadone and buprenorphine will result in withdrawal symptoms.

Naltrexone helps overcome addiction in a different way. By blocking the effect of opioid drugs, it eliminates the feeling of getting high if the problem drug is used again, which makes naltrexone a good choice to prevent relapse. Discontinuation of naltrexone causes no withdrawal symptoms.

While these medications affect the brain differently, they all have the same positive effect: they reduce cravings for the illicit substance.

Methadone is taken orally on a daily basis. Buprenorphine comes in various oral forms taken daily, as an injection given once a month, and as an implant inserted every six months. Naltrexone comes in an oral form taken daily, and as an injection given once a month.

MAT SERVICES ARE COVERED UNDER MEDICAID

Methadone, buprenorphine and naltrexone are FDA-approved for the treatment of opioid use disorder. They come in various formulations available under a generic and/or brand name, described in the following table. Medications covered by the Connecticut Medicaid program without prior authorization can be found on the “preferred” drug list. You can see the most up-to-date version of that list here: https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/CT_PDL_medicaid.pdf

Name	Freq	When can treatment be started?	Pharmacy prior auth. needed?
Methadone	Daily	As soon as indicated, however initial dose should be low and carefully monitored to avoid sedation and/or overdose	No
Suboxone (buprenorphine & naloxone film)	Daily	As soon as indicated, however should await mild-moderate withdrawal from opioids to avoid precipitated withdrawal	No
Generic buprenorphine & naloxone (tablet), Bunavail® (buprenorphine & naloxone film), and Zubsolv® (buprenorphine & naloxone tablet)	Daily	As soon as indicated, however should await mild-moderate withdrawal from opioids to avoid precipitated withdrawal	Yes
Sublocade® (extended-release buprenorphine injection)	Injectable every 30 days	After being on oral buprenorphine product for at least seven days	Yes
Probuphine® (buprenorphine implant)	Every six months	After being on oral buprenorphine product for at least three months	Yes
Buprenorphine monoprodukt (tablet)	Daily	As soon as indicated, however should await mild-moderate withdrawal from opioids to avoid precipitated withdrawal	No
Naltrexone (tablet)	Daily	Minimum of seven to 10 days since last opioid use (10-14 days if previously on methadone or buprenorphine), otherwise will trigger opioid withdrawal	No
Vivitrol® (naltrexone for extended-release injectable)	Every 30 days	Minimum of seven to 10 days since last opioid use (10-14 days if previously on methadone or buprenorphine), otherwise will trigger opioid withdrawal	No