



Maryland-DC Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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November 17, 2023

Mr. Adrian Jordan, Plan President
Amerigroup DC
609 H St NE
Washington, DC 20002

Re: Prior Authorization Denials for Buprenorphine to Treat Opioid Use Disorder

Dear Mr. Jordan:

On behalf of the Maryland-DC Society of Addiction Society of Addiction Medicine (MDDCSAM) and the American Society of Addiction Medicine (ASAM), we write to express our organizations' shared concern regarding rising opioid-related overdose deaths in Washington, DC; notify Amerigroup DC of ASAM's new clinical consideration document for the treatment of opioid use disorder (OUD) with buprenorphine and urge Amerigroup DC to revisit its utilization management policies governing buprenorphine dosing in response.

Washington, DC has already experienced 296 opioid-related overdose deaths from January to July 2023.¹ This equates to roughly 42 deaths a month, an increase from 38 deaths a month in 2022. These deaths have coincided with data from the DC Chief Medical Examiner's Office showing that nearly 98% of opioid-related overdose deaths can be attributed to high-potency synthetic opioids (HPSOs), including fentanyl and its analogs.² These trends have acutely impacted Black men in the District, who make up a disproportionate number of the overdose deaths.

While these statistics are daunting, there is treatment that works if people can access it. Access to and the availability of addiction treatment, including with FDA-approved medications for the treatment of OUD, are essential to stemming overdose deaths in the District and enabling more people to live long, healthy, productive lives. Amerigroup DC is a crucial partner in that regard, particularly given Medicaid's large role in financing treatment for OUD.

Treatment of OUD using buprenorphine, however, has evolved significantly in the last decade alongside the emergence of HPSOs. These changes have outpaced the development of prospective research. To help bridge the knowledge gap, ASAM recently issued [ASAM's Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids](#), a clinical consideration document, based on expert consensus and available research. The document addresses pressing clinical questions, including those related to buprenorphine dosing strategies involving more than 24 mg per day.³

One of the key clinical questions to have emerged out of the crisis, and which is covered by the new clinical consideration document is: After buprenorphine initiation, what range of buprenorphine dosing and/or dosing strategies can be considered during stabilization and long-

term treatment? The clinical consideration document concluded that, as the potency of opioids in the unregulated drug market has increased, initiation of buprenorphine has become more complex, and buprenorphine dosing during initiation and stabilization needs to be individualized to support successful engagement in ongoing care. **And, while The ASAM National Practice Guideline (NPG) for the Treatment of Opioid Use Disorder – last updated in 2020 - cites a typical buprenorphine dose limit of 24 mg per day, high-quality studies do show improved treatment retention, reduced opioid use, and lack of adverse events at doses of buprenorphine 16-32 mg per day.**

Thus, MDDCSAM and ASAM are extremely concerned about reports that Amerigroup DC regularly denies authorizations for treating OUD with buprenorphine doses above 24mg per day, even when clinically appropriate. If true, this is alarming. Prior authorization requirements that do not allow for clinically appropriate dosing flexibility may cause serious adverse events for patients, including death, and are misaligned with ASAM's clinical consideration document for buprenorphine treatment of OUD for individuals using HPSOs.

Considering fentanyl or an analog is present in almost all overdose deaths in the District, MDDCSAM and ASAM strongly encourage Amerigroup DC to revisit its utilization management policies and procedures for treating OUD with buprenorphine to ensure alignment with the latest evidence and medical expert consensus. People in DC are dying at alarming rates due to opioid overdose with HPSOs, and we need Amerigroup DC's assistance to stop it.

MDDCSAM and ASAM look forward to Amerigroup DC's response. If you have any questions or concerns, please do not hesitate to reach out to me at drshah05@gmail.com, or Corey Barton, Director of Advocacy at ASAM at cbarton@asam.org. We look forward to working with you to address this critical issue.

Sincerely,

Nishant Shah, MD

Nishant Shah, MD
President, Maryland-DC Society of Addiction Medicine

Brian Hurley, MD

Brian Hurley, MD, MBA, FAPA, DFASAM
President, American Society of Addiction Medicine

CC:

Bernard Arons, MD – Behavioral Health Medical Director, Amerigroup DC
Barbara Bazron, PhD – Director, DC Department of Behavioral Health
Melisa Byrd – Senior Deputy Director, DC Department of Healthcare Finance

¹ GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF THE CHIEF MEDICAL EXAMINER. Opioid-related Fatal Overdoses: January 1, 2017 to July 31, 2023.

² Ibid

³ Weimer, Melissa B. DO, MCR, DFASAM; Herring, Andrew A. MD; Kawasaki, Sarah S. MD, FASAM; Meyer, Marjorie MD; Kleykamp, Bethea A. PhD; Ramsey, Kelly S. MD, MPH, MA, FACP, DFASAM.

ASAM Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids. Journal of Addiction Medicine ():10.1097/ADM.000