

Medication-Assisted Therapy



Vivitrol Pilot



NJ Division of Addiction Services Overview

- Overall DAS has a goal to develop a system of care that consistently offers clients the means to enter and sustain recovery
- To this end DAS promotes evidence based practices in the treatment of addictions
- One initiative in this area is the Vivitrol Pilot to support recovery needs of the high risk DUI offender

What is Vivitrol?

- Injectable form of Naltrexone
- Once monthly dosing
- FDA approved 2006
- Manufactured by Alkermes, Inc.
- An evidence-based practice - SAMHSA Treatment Improvement Protocol #49: “Incorporating Alcohol Pharmacology into Medical Practice”

BENEFITS OF INJECTABLE NALTREXONE:

- Reduces cravings
- Decreases impulsivity
- Enhances motivation
- Improves treatment adherence
- Eliminates daily adherence decisions
- Single injection is effective for four weeks
- Rapid onset of therapeutic effect in the first 2 days

Outcome Measures Vivitrol Pilot

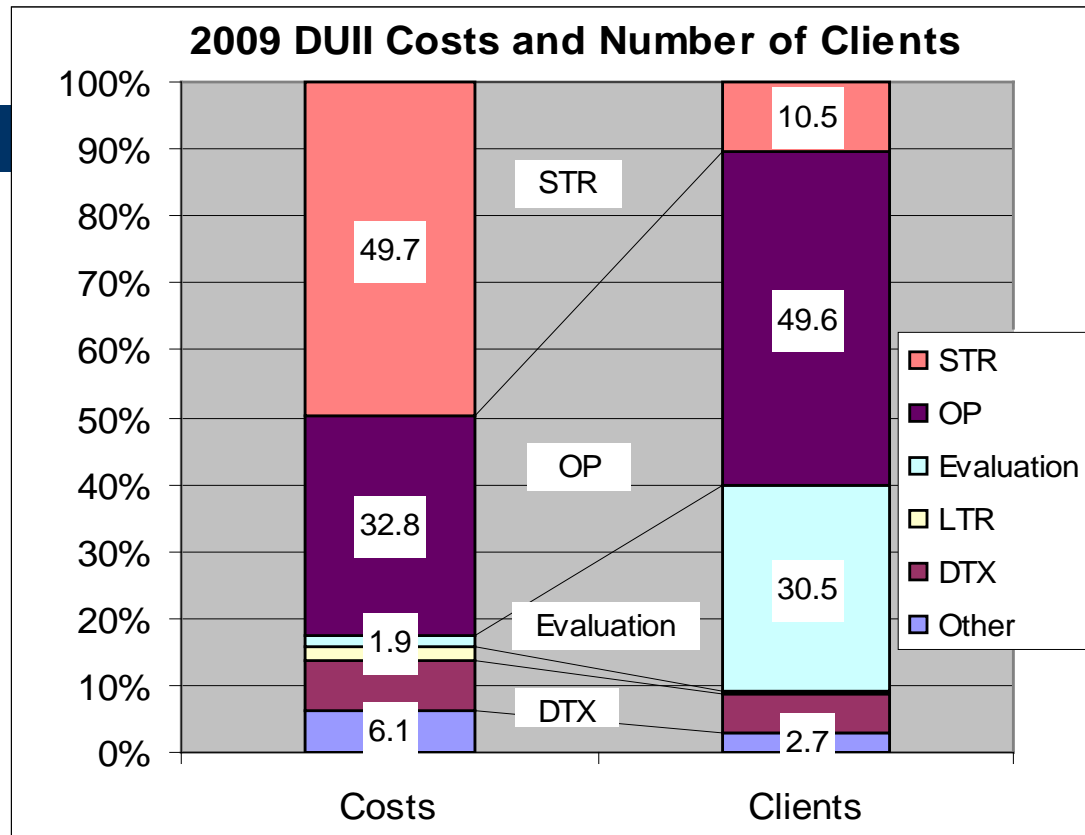
- Improved client outcomes
- Decreased recidivism DUII
- Reduced treatment costs per client
- Reduced treatment episodes for DUI offender
- Increased capacity for new admissions



NJ Division of Addiction Services Vivitrol Pilot

- Objective:
 - Provide an evidence-based intervention for the alcohol dependent DUI offender who is at risk for further offenses
 - Survey, monitor, and report outcomes specific to this high risk population

How We Are Spending DUII Resources



10% clients use 50% of resources on STR
 50% of clients use 32% of resources on OTP

NJSAMS DUII Clients Primary Drug

Primary Drug	2007		2008		2009	
	N	%	N	%	N	%
Alcohol	1500	88.7	2111	83.6	3334	78.2
Heroin	65	3.8	176	7	472	11.1
Marijuana/Hashish	61	3.6	110	4.4	161	3.8
Opiate-Other	7	0.4	25	1	103	2.4
Other Drugs	51	3	78	3.1	122	2.9
Oxycontin	7	0.4	26	1	71	1.7
Total	1691	100	2526	100	4263	100

Data source: NJSAMS April, 2010 download

LOCs for DUI Funded STR Clients with Multiple Admissions

LOC	N	%
OP	20	4.2
IOP	45	9.5
HH	12	2.5
STR	223	47.3
Detox-Free Standing Res	162	34.3
Detox-Hospital Inpatient	10	2.1
	472	

DUII Funded STR Clients with Multiple Admissions

- Of the 472 STR clients, 199 had multiple admissions
- 47% of the readmissions were to STR and
- 34.3% was to III.7D Detox Free Standing Residential

National Quality Forum

Voluntary consensus standards-setting organization that addressed the need for performance measures and other standards to improve healthcare

Includes:

- consumer and patient groups
- healthcare purchasers
- healthcare providers and professionals
- research and quality improvement organizations

National Quality Forum

“Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence”.

“Pharmacotherapy, if prescribed, should be provided in addition to, and directly linked with, psychosocial treatment/support.”

2007 NQF consensus report on national voluntary consensus standards for the treatment of substance use conditions – Practice #9



Literature Survey

While previous studies have shown the benefit of using naltrexone as part of a combined behavioral intervention*, oral naltrexone, “has not been widely prescribed...at least in part because of inconsistent adherence with oral therapy.”**

* Donovan, D., Anton, R. F., Miller, W. R. et al. (2008). Combined pharmacotherapies and behavioral interventions for alcohol dependence: examination of posttreatment drinking outcomes. *Journal of studies on alcohol and drugs* 69(1) 5.

** Kranzler, H. R. (2006). Extended-release intramuscular naltrexone. *Drugs* 66(13) 1754.



Literature Survey

The intramuscular administration of naltrexone offers less psychotherapeutic limitations over its oral form and has led researchers to conclude that, “Vivitrol has demonstrated efficacy at decreasing heavy drinking among alcohol-dependent males.”

Johnson, B.A. (2007). Naltrexone long-acting formulation in the treatment of alcohol dependence. *Therapeutics and clinical risk management* 3(5) 741-9.



Literature Survey

Additional study references regarding Vivitrol, as well as extended-release naltrexone, can be found in SAMHSA TIP #49, “Incorporating Alcohol Pharmacotherapies Into Medical Practice” and its accompanying “A Review of the Literature” addendum.

What have we done?

NIAAA and CSAT:

- Recommended a “naturalistic” study
- Suggested survey tools:
 - COMBINE
- Offered technical assistance throughout the pilot

What have we done?

Florida Advancing Recovery Partnership (Vivitrol):

- Achieved positive client outcomes related to:
 - Continuation of substance abuse treatment
 - Increased independent living
 - Improved employment and
 - Decreased recidivism (2/3)
 - 64% decrease in cost compared to prior treatment

What have we done?

- Florida Advancing Recovery Partnership
- Vivitrol:
 - Positive consumer satisfaction
 - Improved compliance with other medications
 - Detox included in initial pilot:
 - Clients refused medication
 - Detox staff needed additional training
 - Widening scope to include residential programs proved more successful to client participation

What have we done?

Site visits with Agencies currently providing:

Drenk

Preferred Behavioral Health

Mt Olive Counseling Services

Bergen Regional (next week)

What have we done?

Vivitrol Training at the Medical Directors Meeting

Scheduled training for all medical staff:
November 10, 2010 at DHS

What have we done?

Client Phone Interviews:

Soreness in injection site

“Benefits outweigh the negative”

Reduced craving

Fearful of losing funding for Vivitrol

Client tested: no effects of alcohol
felt sober

What have we done?

Surveyed DUII outpatient agencies to assess readiness:

- 1/3 expressed readiness or currently providing
- 1/3 interested, technical assistance requested
- 1/3 indicated no interest



DAS IDP Vivitrol Pilot Design

DUII Network



Vivitrol Subnetwork



Vivitrol Network Requirements

- Agree to pilot terms
- A Physician or a New Jersey certified Advanced Practice Nurse employed by the Medication Assisted Treatment /Vivitrol Network approved provider.
- All counseling services must be provided in accordance with DAS and DCA regulation.

Network Agency Requirements

- Patient Education Packet
- Patient Consent
 - Pilot
 - Medication
- Patient Survey and reporting
- Client charts for monitoring review

Network Agency Requirements

Client consent and participation:

Informed and voluntary

May leave pilot at any time:

- medication will no longer be funded
- continued treatment may be funded

Successful treatment completion:

may continue medication with one one-hour face to face session monthly until medication is completed

Network Agency Requirements

Submit policy and procedures regarding pilot participation

Submit policy and procedures regarding medication assisted therapy

Submit affiliation agreements with continuing care providers

Network Agency Requirements

Open account with wholesale medical distributor

- DAS will provide list (18 distributors)
- DAS reimbursed through DUII

Network Agency Requirements

What additional requirements do you recommend?



Vivitrol Service Package

Six month *maximum* enhancement to existing treatment costs per client:

- \$4,235 - medication - (five units each)
- \$ 208 - medical services:
 - 1 20 minute initial physician visit
 - 5 ten minute medication monitoring/injection visits
 - 3 Liver Functioning Tests

Vivitrol Service Package continued

- \$ 144 Case Management:
 - One hour Orientation:
 - Patient information regarding both pilot and medication, and completion of consent and survey
 - 30 minutes for linkage to outpatient (residential)
 - up to six additional 15 minute sessions survey completion and follow up (outpatient)

Vivitrol Service Package

What additional services do you recommend?



DAS Vivitrol Pilot Patient Eligibility Criteria

- 100 voluntary participants
- Alcohol Dependent Diagnosis
- Age 21 and up
- Driving Under the Influence Initiative (DUII) eligible

Patient Eligibility Criteria

Do you have any other suggestions regarding patient eligibility?

Do you think DAS should equally allocate resources among 1st, 2nd and multiple offenders?

Induction

- At discharge from residential setting
 - Within one week
 - Includes linkage to outpatient setting
- New admission in outpatient setting
 - Within two weeks

All subsequent doses will be administered in outpatient settings

Induction

Do you suggest any other considerations for the induction process?

POTENTIAL FOR COST SAVINGS

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Current DUII Utilization

The average second and multiple offender per client cost*:

- residential and outpatient treatment services:
\$10,836 per year**
- residential only treatment:
\$10,808 per year**

** Per NCADD Billing Data for FY2010*

MICHAEL'S LAW

THIRD OR SUBSEQUENT OFFENDER:
shall be sentenced to imprisonment for a
term of **not less than 180 days in a
county jail or workhouse**, except that the
court may lower such term for each day,
**not exceeding 90 days, served
participating in a drug or alcohol
inpatient rehabilitation program**



MICHAEL'S LAW COST TO NJ

Per client

- \$9,450 for 90 days incarceration
- 6,120 for 90 days It residential tx
- 15,570 total cost without enhancements

OR:

- \$18,900 for 180 days incarceration
- 1,152 minimum 16 weeks outpatient
- \$ 20,052 total with minimum treatment

- *Per client cost \$8,508 includes Vivitrol, IOP, OP*

Total Pilot Costs \$458,700.

- Estimated cost of medication for all clients - \$423,500 (5 units of medication per client)
- Estimated cost of medical services at network provider agencies \$20,800
- Cost of Case Management at network provider agencies- \$14,400

Questions/Feedback

