



November 18, 2016

Ruth Hughes
Associate Regional Administrator
Centers for Medicare and Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Ms. Hughes:

Re: State of Illinois Behavioral Health Transformation 1115 Waiver Proposal

Thank you for the opportunity to provide comments on the State of Illinois' proposed 1115 waiver, *Illinois Behavioral Health Transformation*. We applaud Illinois' efforts to transform its behavioral health strategy, including the initiative to provide treatment to individuals with opioid use disorder at the Illinois Department of Corrections and Cook County Jail who are preparing to return to their communities.

Unfortunately, this proposed waiver initiative is not consistent with federal and state policy. Specifically, the initiative does not provide program participants access to all FDA-approved medications for opioid use disorder. Furthermore, the initiative is likely not going to accomplish Illinois' goal of effectuating meaningful change to its behavioral health strategy. For these reasons, the Centers for Medicare and Medicaid Services should not approve Illinois' proposed 1115 waiver until the state revises its proposal to 1) adhere to federal and state policies related to the treatment of opioid use disorder, and 2) address the individualized treatment needs of the participants in the program.

Background

Braeburn is a pill-free pharmaceutical company committed to developing innovative, long-acting implantable and injectable therapies for serious neurological and psychiatric conditions, most notably for the treatment of opioid use disorder (OUD). Our corporate objectives reflect a deep commitment to addressing our nation's opioid abuse crisis through products that support medication adherence, enhance patient outcomes, and improve public health, while minimizing the risk of buprenorphine diversion, misuse, abuse, and accidental exposure. Braeburn's first product, Probuphine® (buprenorphine) implant, was approved by the U.S. Food and Drug Administration (FDA) on May 26, 2016.

Opioid Overdose Epidemic

Opioid overdose is a public health epidemic in the United States. Data from 2014 indicates that 2.4 million individuals have OUD.¹ While the number of Americans with OUD continues to grow, 80 percent of individuals with OUD—over 1.9 million people—do not receive treatment.² If left untreated, individuals with opioid dependence are at a higher risk of engaging in criminal activity; contracting and transmitting serious infectious diseases, such as HIV and hepatitis C; and experiencing fatal overdoses.³

The issue of access to treatment is further complicated by the stigma associated with seeking, accessing, or maintaining treatment for OUD. This stigma is grounded in the flawed assumption that substance use disorders (SUDs) are a moral failing instead of a legitimate disease of the brain, as demonstrated by science. The first-ever report by a U.S. Surgeon General on addiction in the U.S., released this week, underscores that addiction is a chronic neurological disease, not a moral failing or lack of will power.⁴

Approximately 78 Americans die every day from an opioid overdose.⁵ With such alarming rates of overdose, clinicians, policymakers, and insurers are tasked with determining the most effective methods for preventing and effectively treating OUD, and reducing the overdose death rate. Effective methods include ensuring patients have access to FDA-approved medication.⁶

Medication Assisted Treatment

Medication assisted treatment (MAT) is an evidence-based treatment method that combines counseling, behavioral therapies, and medications approved by the FDA to treat SUDs. Medications approved to treat opioid dependence include methadone, buprenorphine, and naltrexone. Physicians need an array of available treatment options, including FDA-approved medications, to tailor treatment to the unique needs of each patient. Customizing treatment to an individual's particular needs increases the likelihood of successful treatment engagement and retention, and research shows that those who participate more fully in treatment typically have better outcomes.⁷

¹Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health, *Substance Abuse and Mental Health Services Administration* (Sept. 2015).

² CL Arfken, CE Johanson, S diMenza et.al., *Expanding treatment capacity for opioid dependence with buprenorphine: National surveys of physicians*, J. OF SUBSTANCE ABUSE TREATMENT (Sept. 2010).

³ Nora D. Volkow, *Prescription Opioid and Heroin Abuse*, NATIONAL INSTITUTE ON DRUG ABUSE (Apr. 29, 2014).

⁴ *Facing Addiction in America*, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, <https://addiction.surgeongeneral.gov/> (2016).

⁵ *Injury, Prevention, & Control: Opioid Overdose*, CENTERS FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/drugoverdose/epidemic/>.

⁶ *Medication Assisted Treatment for Opioid Use Disorders*, FEDERAL REGISTER, <https://www.federalregister.gov/documents/2016/03/30/2016-07128/medication-assisted-treatment-for-opioid-use-disorders>.

⁷ *Early Intervention, Treatment, and Management of Substance Use Disorder*, <https://addiction.surgeongeneral.gov/chapter-4-treatment.pdf>; Center for Substance Abuse Treatment. (2006). Chapter 10. Addressing diverse populations in intensive outpatient treatment. Clinical issues in intensive outpatient treatment. Treatment improvement protocol (TIP) series, No. 47. Rockville, MD: Substance Abuse and Mental Health Services Administration.

The White House Office of National Drug Control Policy (ONDCP); U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration; National Institute on Drug Abuse (NIDA); Surgeon General, and FDA have all acknowledged MAT as effective in treating OUD.^{8 9 10 11 12} It is the policy of the federal government to increase access to all FDA-approved medications to treat OUD.¹³ For example, the federal government's funding for drug courts is contingent upon the drug courts allowing individuals with OUD to have access to all FDA-approved medications for OUD.¹⁴

Additionally, Illinois recently enacted legislation mandating that “all FDA-approved forms of medication assisted treatment prescribed for the treatment of . . . opioid dependence shall be covered under both fee-for-service and managed care medical assistance programs for persons who are otherwise eligible [for Medicaid assistance].”¹⁵ By enacting this legislation, Illinois has acknowledged the importance of providing individuals with OUD access to all available FDA-approved medications for the treatment of their condition.

Methadone

Methadone treats OUD by suppressing withdrawal, blocking the euphoric effects of opioids, and reducing cravings.¹⁶ Methadone is highly regulated and may only be dispensed by federally regulated methadone clinics.¹⁷ Some people avoid methadone-assisted treatment because it requires them to visit a methadone clinic multiple times per week to obtain their medications.¹⁸ Some criminal justice systems administer on-site methadone maintenance programs.

⁸ *National Drug Control Strategy*, EXECUTIVE OFFICE OF THE PRESIDENT OF THE UNITED STATES, https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2015_national_drug_control_strategy_0.pdf (2015).

⁹ *Medication Assisted Treatment for Opioid Use Disorders*, FEDERAL REGISTER, <https://www.federalregister.gov/documents/2016/03/30/2016-07128/medication-assisted-treatment-for-opioid-use-disorders>;

¹⁰ *Buprenorphine*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, <http://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine> (last updated May 31, 2016).

¹¹ *Drugs, brains, and behavior: The science of addiction*, NATIONAL INSTITUTE ON DRUG ABUSE (NIH Pub No. 14-5605) available at https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/soa_2014.pdf (2014).

¹² *Facing Addiction in America*, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, <https://addiction.surgeongeneral.gov/> (2016).

¹³ *National Drug Control Strategy*, EXECUTIVE OFFICE OF THE PRESIDENT OF THE UNITED STATES, https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2015_national_drug_control_strategy_0.pdf (2015).

¹⁴ *SAMSHA Bans Drug Court Grantees from Ordering Participants off MAT*, ALCOHOLISM & DRUG ABUSE WEEKLY, <http://www.alcoholismdrugabuseweekly.com/m-article-detail/samsha-bans-drug-court-grantees-from-ordering-participants-off-mat.aspx>.

¹⁵ Ill. Gen. Assemb. Pub. Act 099-0480 (2015).

¹⁶ “Methadone Maintenance Treatment” *Centers for Disease Control and Prevention* (Feb. 2002).

¹⁷ *The N-SSATS Report: Services Offered by Outpatient-Only Opioid Treatment Programs: 2012*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, http://www.samhsa.gov/data/sites/default/files/NSSATS%20_SR_162/NSSATS%20_SR_162/NSSATS-SR162-OpioidOOTx-2014.htm#fn3 (Oct. 23, 2014).

¹⁸ *Beyond Methadone: Improving Health and Empowering Patients in Opioid Treatment Programs*, VOCAL-NY, <http://www.vocal-ny.org/wp-content/uploads/2011/10/Final-Methadone-Report1.pdf> (last accessed Nov. 18, 2016).

Appropriate state and federal licenses must be obtained before administering such a program.¹⁹

Buprenorphine

Buprenorphine was developed in collaboration with NIDA and, unlike methadone, is available in outpatient, office-based treatment settings. Buprenorphine has been consistently demonstrated to be an effective treatment for OUD.²⁰ Long-lasting changes in brain chemistry can make it difficult for people with OUD to abstain from opioids because physical withdrawal symptoms and cravings can be overwhelming.²¹ Treatment with buprenorphine reduces the symptoms of opioid withdrawal and curbs opioid cravings by blocking the effects of other opioids and heroin.²² When an appropriate dose of buprenorphine is reached, the medication, devoid of active metabolites, has a “ceiling effect,” which increases its safety profile by lowering the risk of respiratory depression and overdose.²³ Even lower doses of buprenorphine (*i.e.*, 2 mg and 8 mg) have shown to be effective in managing withdrawal symptoms and reducing problematic opioid use.²⁴

Given the risks for diversion, misuse, abuse, and accidental exposure associated with oral forms of buprenorphine, which are dispensed to patients for self-administration, ONDCP, NIDA, and FDA identified practitioner-administered delivery systems, such as implants and injectables, as a promising means to reduce these risks.^{25 26 27} In its May 26, 2016 press release announcing approval of Probuphine, the buprenorphine implant, FDA stated:

Until today, buprenorphine for the treatment of opioid dependence was only approved as a pill or a film placed under the tongue or on the inside of a person’s cheek until it dissolved. While effective, a pill or film may be lost, forgotten or

¹⁹ Timothy Kinlock et al., *Developing and Implementing a New Prison-Based Buprenorphine Treatment Program*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2868193/> (Feb. 2010).

²⁰ Michael Soyka, “New developments in the management of opioid dependence: focus on sublingual buprenorphine–naloxone” *Substance Abuse Rehabilitation*, Jan. 6, 2015.

²¹ Partnership for Drug Free Kids, MEDICATION-ASSISTED TREATMENT, http://www.drugfree.org/wp-content/uploads/2014/05/MAT_EBOOK_2014v2.pdf; *The Facts about Buprenorphine*, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, <http://store.samhsa.gov/shin/content/SMA09-4442/SMA09-4442.pdf>.

²² *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction*, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, https://www.ncbi.nlm.nih.gov/books/NBK64245/pdf/Bookshelf_NBK64245.pdf; *The Facts about Buprenorphine*, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, <http://store.samhsa.gov/shin/content/SMA09-4442/SMA09-4442.pdf>.

²³ *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction*, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, <http://www.ncbi.nlm.nih.gov/books/NBK64236/>

²⁴ Johnson RE et al., *A Placebo Controlled Trial of Buprenorphine as a Treatment for Opioid Dependence*, <https://www.ncbi.nlm.nih.gov/pubmed/8746920>.

²⁵ *Psychopharmacologic Drugs Advisor Committee Meeting*, Food and Drug Administration: Center for Drug Evaluation and Research, <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PsychopharmacologicDrugsAdvisoryCommittee/UCM500364.pdf> (Feb. 12, 2016).

²⁶ *Fiscal Year 2017 Budget Information – Congressional Justification for National Institute on Drug Abuse*, <https://www.drugabuse.gov/about-nida/legislative-activities/budget-information/fiscal-year-2017-budget-information-congressional-justification-national-institute-drug-abuse>.

²⁷ *National Drug Control Strategy*, EXECUTIVE OFFICE OF THE PRESIDENT OF THE UNITED STATES, https://www.whitehouse.gov/sites/default/files/ndcs_2013.pdf (2013).

stolen. However, as an implant, Probuphine provides a new treatment option for people in recovery who may value the unique benefits of a six-month implant compared to other forms of buprenorphine, such as the possibility of improved patient convenience from not needing to take medication on a daily basis.²⁸

Probuphine is indicated for the maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability on low-to-moderate doses of a transmucosal buprenorphine-containing product.²⁹ Probuphine is administered as a set of four implants for a total equivalent of 320 mg of buprenorphine over a treatment duration of six months.³⁰ Probuphine requires surgical insertion into the subdermal space of a patient's upper arm by a certified healthcare provider pursuant to an FDA-approved Risk Evaluation and Mitigation Strategy ("REMS").

Adherence is especially important in OUD treatment because durability of abstinence from problematic opioid use is tied to duration of abstinence.³¹ Probuphine delivers continuous, stable blood levels of buprenorphine for six months.

Naltrexone

Naltrexone treats OUD by blocking the effects of opioids. Naltrexone is not an opioid and has a low potential for diversion and abuse.³² Naltrexone-assisted treatment cannot begin until an individual has stopped using opioids for at least seven to ten days.³³ Injectable naltrexone blocks the effects of opioids for approximately 28 days after administration. When the blockade dissipates, individuals are likely to have reduce tolerance to opioids. Therefore, previously tolerated doses of opioids could result in potentially life-threatening opioid intoxication.³⁴

A randomized, double-blind, placebo-controlled, 8-week multi-center trial of heroin-dependent individuals treated with injectable naltrexone found that 40 percent and 32 percent of individuals

²⁸ FDA approves first buprenorphine implant for treatment of opioid dependence, U.S. FOOD AND DRUG ADMINISTRATION, <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm503719.htm?dom=pscau&src=syn> (May 26, 2016).

²⁹ <https://braeburnpharmaceuticals.com/wp-content/uploads/2016/05/Probuphine-Full-Prescribing-Information.pdf>

³⁰ <https://braeburnpharmaceuticals.com/wp-content/uploads/2016/05/Probuphine-Full-Prescribing-Information.pdf>

³¹ *Long-Term Follow-Up of Medication-Assisted Treatment for Addiction to Pain Relievers Yields "Cause for Optimism,"* NATIONAL INSTITUTE FOR DRUG ABUSE, <https://www.drugabuse.gov/news-events/nida-notes/2015/11/long-term-follow-up-medication-assisted-treatment-addiction-to-pain-relievers-yields-cause-optimism>.

³² *Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide, Substance Abuse and Mental Health Services Administration*, <http://store.samhsa.gov/shin/content/SMA14-4892/SMA14-4892.pdf> (Feb. 2, 2015).

³³ *Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide, Substance Abuse and Mental Health Services Administration*, <http://store.samhsa.gov/shin/content/SMA14-4892/SMA14-4892.pdf> (Feb. 2, 2015); Vivitrol Prescribing Information, https://www.vivitrol.com/Content/pdf/prescribing_info.pdf.

³⁴ Vivitrol Prescribing Information, https://www.vivitrol.com/Content/pdf/prescribing_info.pdf.

in the naltrexone 192 mg and naltrexone 384 mg groups, respectively, dropped out of treatment before the end of the two-month treatment period.³⁵ Additionally, a recent study that examined the long-term recovery and relapse rates with extended-release naltrexone in criminal justice offenders found that while the injectable naltrexone group, during the 24-week treatment phase, had a longer median time to relapse (10.5 vs. 5.0 weeks), a lower rate of relapse (43% vs. 64%), and a higher rate of opioid-negative urine samples (74% vs. 56%) compared to the counseling-only group, the abstinence from opioid use among individuals on extended-release naltrexone did not persist through follow-up at weeks 52 and week 78. Moreover, treatment with naltrexone did not show a benefit in reducing rates of cocaine, heavy alcohol, and injection-drug use. Rates of self-reported re-incarceration were also not significantly lower in the extended-release naltrexone group than in the counseling-only group.³⁶

Illinois' Proposed Criminal Justice Pilot Program

Section 3.1.3 of the proposed 1115 waiver includes a pilot program designed to ensure successful re-entry into the community of individuals with OUD incarcerated within the Illinois Department of Corrections (IDOC) and Cook County Jail (CCJ). Statistics provided in the waiver demonstrate the need for the pilot program. For example, a significant number of individuals incarcerated in Illinois have SUDs, including OUD, and there is a high rate of recidivism and overdose in previously incarcerated and released individuals with OUD.

The proposal states that the program is designed to help individuals with OUD transition back into society, reduce recidivism, and lower the risk of post-release overdose. The program includes reenrolling individuals into Medicaid, counseling, and MAT. However, MAT is limited to just one FDA-approved medication for OUD, naltrexone.

Recommendation

As discussed above, federal and Illinois policies provide that individuals with OUD should have access to all FDA-approved medications for OUD. These policies reflect the fact that individualizing treatment for OUD improves long-term outcomes.³⁷

By limiting medication for incarcerated individuals with OUD to naltrexone, the proposed program goes against federal and state policy. Furthermore, the proposed program precludes the ability of health care providers to tailor treatment to the unique medical needs of program participants. The results of this one-size-fits-all approach to MAT can be expected to include sub-optimal outcomes for participants and the program itself.

As such, we respectfully ask CMS to not approve Illinois' waiver and until Illinois revises its proposal in a manner that complies with federal and state policy by providing access to all FDA-approved medications. A program that provides access to all such medications would allow for

³⁵ Sandra D. Comer et al., *Injectable, Sustained-release Naltrexone for the Treatment of Opioid Dependence: A Randomized, Placebo-Controlled Trial*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4200530/> (Feb. 2006).

³⁶ Joshua D. Lee et al., *Extended-Release Naltrexone to Prevent Opioid Relapse in Criminal Justice Offenders*, <http://www.nejm.org/doi/full/10.1056/NEJMoa1505409#t=article> (Mar. 2016).

³⁷ *Early Intervention, Treatment, and Management of Substance Use Disorder*, <https://addiction.surgeongeneral.gov/chapter-4-treatment.pdf>

health care providers to customize treatment to meet participants' unique medical needs and, as a result, optimize participant and program-wide outcomes.

Thank you again for affording Braeburn Pharmaceuticals the opportunity to provide comments on the State of Illinois Behavioral Health Transformation 1115 waiver application. Please contact me at dbyram@braeburnpharma.com if I may be of assistance to you.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "David W. Byram", with a long horizontal flourish extending to the right.

David W. Byram
Vice President, Market Access and Government Affairs