



## Methamphetamine Subcommittee Recommendation

6/28/22

*It is recommended insurance carriers within the state are mandated to cover medications prescribed by physicians for stimulant use disorder that have shown to be effective, are still in trial, and have otherwise had an improved outcome in reducing the use of methamphetamines.*

Rationale for this recommendation:

**Methamphetamine mortality and morbidity has been a continued public health problem in New Mexico. Medication assisted treatments have not been available previously, however, evidence has shown a decrease in methamphetamine use in individuals with stimulant use disorder who have participated in studies where various prescriptions have been administered. These pharmacological treatment interventions coupled with contingency management likely enhance successful treatment of stimulant use disorders (NIDA, 2021; Siefried, et al, 2020).**

**Due to the various medications prescribed and differences in responses from study participants (listed below), providing discretion to physicians on prescribing for stimulant use disorder and insurance carriers to provide coverage for medications based on individual need and effectiveness will increase successful reduction in methamphetamine use in New Mexico.**

- **A controlled environment study which included a 403 participant in stage 1 and 225 in stage 2, along with a placebo group showed improvement in decreased stimulant use where naltrexone and bupropion had been administered. The weighted average response across the two stages was 13.6% with naltrexone–bupropion and 2.5% with placebo, for an overall treatment effect of 11.1 percentage points (Wald z-test statistic, 4.53;  $P < 0.001$ ) (NIDA, 2021; Trivedi et al NEJM 2021). We ask for oral and injectable naltrexone to be covered.**
- **In another study, there was evidence that methylphenidate may reduce methamphetamine use. Studies of anticonvulsants, antipsychotics (aripiprazole), opioid antagonists (naltrexone), varenicline and atomoxetine provided either low-strength or insufficient evidence. Many of the studies had high or unclear risk of bias (Chan, et al., 2019).**
- **Additional studies demonstrated mixed or weak positive signals (often in defined populations, e.g. men who have sex with men), with some variation in efficacy signals dependent on baseline frequency of methamphetamine use. The most consistent positive findings have been demonstrated with stimulant agonist treatment (dexamphetamine and methylphenidate), naltrexone and topiramate. Less consistent benefits have been shown with the antidepressant's bupropion and mirtazapine, the glutamatergic agent riluzole and the corticotropin releasing factor (CRF-1) antagonist pexacerfont (Siefried, et al, 2020).**
- **In another study, Atomoxetine was shown to significantly reduce METH cravings ( $P < 0.001$ ). Negative METH urine test increased significantly in the drug group compared to the placebo group ( $P = 0.007$ ). While initially the METH urine test was positive for all patients, 56% (25/45) in the atomoxetine group and 26% (11/41) in the placebo group had negative METH urine tests after 8 weeks (Rabiey et al 2019).**

The purpose of this recommendation is to:

- **To ensure that all available treatment options are accessible to all New Mexicans.**
- **Reduce the methamphetamine use and mortality and morbidity of New Mexicans.**

Features of this proposed recommendation include:

- **Toxicology screening prior to medication dispensing to identify other possible substance use and prevent medication interactions that would interfere with treatment.**
- **Initial prescription medication treatment be monitored for effectiveness and changed or added additional prescribed effective medications as needed and to be covered by insurance.**
- **Many physicians are currently prescribing for other substance use disorders, this recommendation will compliment other actions currently in effect for treatment of similar disorders.**

## References

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