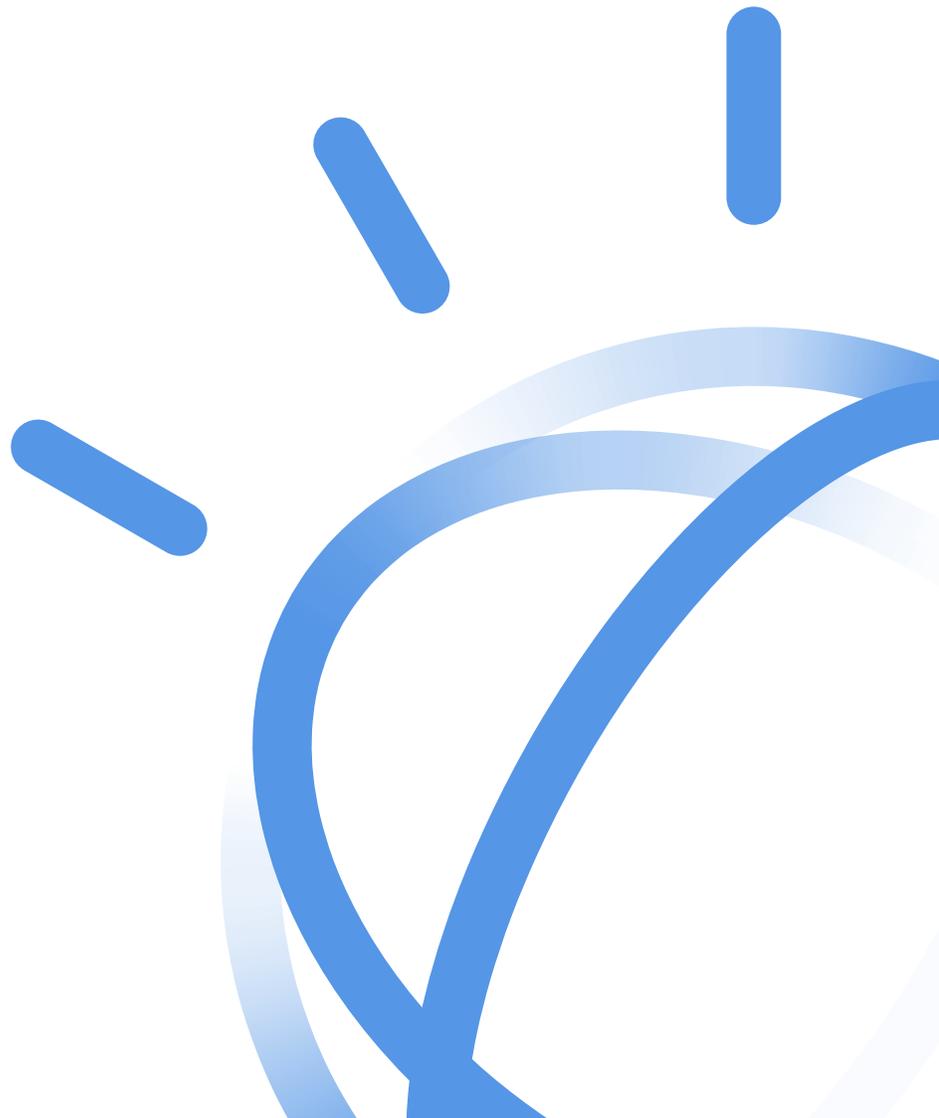




Medicaid coverage and financing of medications to treat alcohol and opioid use disorders



The report covered:

- The efficiency and cost effectiveness of treatment options
- The coverage status of treating medications under each Medicaid program
- Examples of innovative financing and delivery models used by some states

Truven Health Analytics® was acquired by IBM in 2016 to help form a new business, Watson Health™. Watson Health aspires to improve lives and give hope by delivering innovation to address the world's most pressing health challenges through data and cognitive insights.

Truven Health Analytics®, part of the IBM Watson Health™ business, prepared a report for the Substance Abuse and Mental Health Services Administration (SAMHSA) titled Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders.

Our findings

In our review of 2013 Medicaid policies, we found two medications on the Preferred Drug Lists for all 51 Medicaid programs—disulfiram (for alcohol dependence) and oral naltrexone (for both alcohol and opioid dependence).



Limited availability

The limited availability of acamprosate (for alcohol dependence) and extended-release naltrexone (for both alcohol and opioid dependence) may be attributable to the fact that they are not yet available in generic form.

Three Medicaid benefit design requirements limit access to medications that treat alcohol abuse and illicit drug use:

- **Prior authorization requirements**, which are intended to limit expenditures and motivate proper use of medications, can reduce the use of medication and access to treatment.
 - **Findings:** It is anticipated that prior authorization requirements may be relaxed as generic versions of some medications become available.
- **Step-therapy** requires that patients try a first-line medication such as a generic medication before they can receive a second-line, or branded medication.
 - **Findings:** Step-therapy was used only for injectable, extended release naltrexone, which is more expensive than alternative medications for alcohol or opioid use.
 - A **lifetime limit** is placed on the use of buprenorphine-naloxone by 11 state Medicaid programs.
 - **Findings:** Lifetime limits are inconsistent with clinical evidence and best practices for a chronic disease-like addiction.

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Conclusion

Several states are taking innovative approaches to financing and delivering medications for alcohol and opioid use disorders:

- Massachusetts uses the nurse manager model to treat more opioid-addicted patients with buprenorphine.
- The Maryland Buprenorphine Initiative uses a team of healthcare and social workers to help patients in substance abuse treatment programs obtain access to health insurance, primary care providers and referrals to outpatient providers to continue integrated substance abuse and primary care.
- Vermont has developed a Hub and Spoke system, in which Hubs are specialty substance abuse centers that provide treatment to complex patients with opioid addiction, and Spokes are providers who serve less medically complex patients.

Given that effective medications are available to treat the roughly 5–8 million Medicaid beneficiaries with substance use disorders, it is important to identify cost-effective ways to finance and deliver these medications.

To obtain a copy of this report, contact the Substance Abuse and Mental Health Services Administration, and reference HHS Publication No. SMA-14-4854, Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders.

<http://store.samhsa.gov/shin/content//SMA14-4854/SMA14-4854.pdf>

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As of the latest publication date, the healthcare information presented here is accurate.

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