Medicaid Coverage of Medications to Reverse Opioid Overdose and Treat Alcohol and Opioid Use Disorders

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Webinar
January 31st, 2024
Webinar Overview

I. Opening Remarks

II. Report Findings

III. Panel Discussion

IV. Open Forum Q&A

V. Closing Remarks

Access the report now:
Center for Financing Reform and Innovation

- CFRI is a SAMHSA contract with Westat that seeks to understand financing mechanisms of behavioral health care to identify opportunities, innovations and challenges to service delivery and access.

- CFRI provides SAMHSA with a dynamic mechanism to further its leadership on immediate and relevant behavioral health financing and delivery issues.

- Topics covered through CFRI include Financing Coordinated Specialty Care for First-Episode Psychosis, Value-Based Payment for SUD treatment, and many others.
Substance use disorders (SUDs) are characterized by the recurrent use of alcohol and other drugs that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.

Opioid use disorder (OUD) is characterized by a problematic pattern of opioid use that causes significant impairment and distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, and use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.
### Medications to Treat Alcohol and Opioid Use Disorders

<table>
<thead>
<tr>
<th>Use</th>
<th>Generic Name</th>
<th>Brand Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AUD</strong></td>
<td>disulfiram</td>
<td>Antabuse™ (oral)</td>
</tr>
<tr>
<td></td>
<td>acamprosate</td>
<td>Campra™ (oral)</td>
</tr>
<tr>
<td></td>
<td>naltrexone</td>
<td>Revia™ (oral)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vivitrol™ (extended-release injection)</td>
</tr>
<tr>
<td><strong>OUD</strong></td>
<td>buprenorphine</td>
<td>Sublocade™ (extended-release injection)</td>
</tr>
<tr>
<td></td>
<td>buprenorphine-naloxone</td>
<td>Suboxone™ (sublingual film)</td>
</tr>
<tr>
<td></td>
<td>naltrexone</td>
<td>Zubsolv™ (sublingual tab)</td>
</tr>
<tr>
<td></td>
<td>methadone</td>
<td>Vivitrol™ (extended-release injection)</td>
</tr>
<tr>
<td><strong>Opioid Related Overdose</strong></td>
<td>naloxone</td>
<td>Narcan™, Kloxxado™ (nasal spray), Opvee™ (nalmefene)</td>
</tr>
<tr>
<td></td>
<td>nalmefene</td>
<td></td>
</tr>
</tbody>
</table>
Policies Affecting Access

Increasing Access

- SUPPORT Act and Medicaid Drug Rebate Program
- Affordable Care Act and Medicaid Expansion
- Medicaid 1115 SUD Waivers

Addressing Barriers

- Exemptions and Waivers for Prescribing Buprenorphine
- Exemptions and Waivers for Prescribing Methadone
- SUD Medications in Telehealth
- Naloxone Access Laws and Policies
Policies Affecting Access: Challenges

• Billing Requirements
• Data Exchange Regulations
• Professional Licensure and Certification
SUD Treatment Integration

• There are ongoing efforts to improve the integration of treatment for SUDs within the health care system.

• Certification and licensure for Certified Community Behavioral Health Clinics (CCBHCs), offering SUD treatment in Federally Qualified Health Centers (FQHCs), and authorizing opioid treatment program (OTPs) to expand medication offerings, encourages the integration of SUD medication use in other settings.
A review of publicly available sources found that large proportions of state fee-for-service (FFS) Medicaid programs and Medicaid managed care organizations (MMCO) cover medications to treat AUD and OUD and to reverse opioid overdose.

The report provides counts of states in which medications are covered, preferred, and subject to prior authorization (PA) or quantity limitations for the following medications:

- Acamprosate and Disulfiram
- Naltrexone (oral and extended-release injection)
- Buprenorphine (oral monoprodut and extended-release injection)
- Buprenorphine-Naloxone
- Methadone
- Naloxone
## Medicaid Fee-For-Service Coverage

### Number of state Medicaid Fee-For-Service programs identified as covering medications for AUD and OUD treatment

<table>
<thead>
<tr>
<th>Medication</th>
<th>Covered</th>
<th>Not Covered</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acamprosate</td>
<td>36</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>50</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Buprenorphine-Naloxone</td>
<td>50</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Disulfiram</td>
<td>35</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>ER-INJ-Buprenorphine</td>
<td>40</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>ER-INJ-Naltrexone</td>
<td>46</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Methadone</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Naltrexone</td>
<td>49</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Legend: 
- **Covered**: Medicaid Fee-For-Service programs covering the medication.
- **Not Covered**: Medicaid Fee-For-Service programs not covering the medication.
- **Unknown**: Information not available or unclear.
### Medicaid Managed Care Organization Coverage

**Number of states with Medicaid Managed Care Organizations identified as covering medications for AUD and OUD treatment**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Total Covered</th>
<th>Not Covered</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acamprosate</td>
<td>33</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>40</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Buprenorphine-Naloxone</td>
<td>40</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Disulfiram</td>
<td>35</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>ER-INJ-Buprenorphine</td>
<td>38</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>ER-INJ-Naltrexone</td>
<td>40</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Methadone</td>
<td>38</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Oral Naltrexone</td>
<td>39</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>
Coverage of AUD and OUD Medications

- Acamprosate and disulfiram have the lowest observed coverage rates for FFS and MMCO beneficiaries, but they are unlikely to require prior authorization or have quantity limitations.

- Oral and injectable naltrexone are widely covered and unlikely to require prior authorization or be subject to quantity limits.
Coverage of OUD Medications

• Buprenorphine monoprodut (buprenorphine alone) is very widely covered. Injectable buprenorphine is covered in fewer states. The two medications have similar rates of preferred status among states with coverage.

• Buprenorphine-Naloxone coverage is nearly complete and has preferred drug status in many states.

• Coverage of methadone is consistent across FFS and MMC plans and is nearly complete, but rates of required prior authorization and quantity limits are relatively high.
• Naloxone is widely covered by Medicaid and coverage has expanded since 2018.

• The March 2023 approval of naloxone nasal spray for over-the-counter sale will likely impact state-level regulations governing naloxone’s sale and its availability and cost to Medicaid beneficiaries.
Innovations to Expanding Access to SUD Medications

• The innovative models described in this report focus primarily on expanding OUD medication access for underserved populations and making more effective use of existing systems.

• Models were selected through discussions with subject matter experts at the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and SAMHSA. Subject matter experts chose models that are replicable and reflect systemic factors shared by many states.
Report Conclusions

• The need for access to SUD treatment is critical and the effectiveness of medications for treating AUD and OUD and the life-saving benefits of naloxone are well established.

• States have made progress in expanding access to medications through regulatory vehicles that encourage innovation and coverage (1115 Waivers), integrating SUD treatment in more provider settings (CCBHCs and FQHCs), and using novel means of service delivery (telehealth).

• The findings in the report show promising growth in availability of these medications. However, continued efforts to improve access to medication to treat AUD and OUD, and reverse opioid overdose are necessary.
Panel Discussion
Open Forum Q&A
SAMHSA’s mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)