

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



SAMHSA
Substance Abuse and Mental Health
Services Administration

Webinar Overview

- I. Opening Remarks
- II. Report Findings
- III. Panel Discussion
- IV. Open Forum Q&A
- V. Closing Remarks

Access the report now:

<https://store.samhsa.gov/product/medicaid-coverage-medications-reverse-opioid-overdose-treat-alcohol-opioid-use-disorders/pep22-06-01-009>



WEBINAR

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

Wednesday, January 31st
1:30 – 2:30pm EDT



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.



Center for Financing
Reform and Innovation

Substance Use Disorders



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

Use	Generic Name	Brand Name(s)
AUD	disulfiram	Antabuse™ (oral)
	acamprosate	Campra™ (oral)
	naltrexone	Revia™ (oral) Vivitrol™ (extended-release injection)
OUD	buprenorphine	Sublocade™ (extended-release injection)
	buprenorphine-naloxone	Suboxone™ (sublingual film)
	naltrexone	Zubsolv™ (sublingual tab) Vivitrol™ (extended-release injection)
	methadone	
Opioid Related Overdose	naloxone nalmefene	Narcan™, Kloxxado™ (nasal spray), Opvee™ (nalmefene)

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.



Overview of Medicaid Coverage and Availability

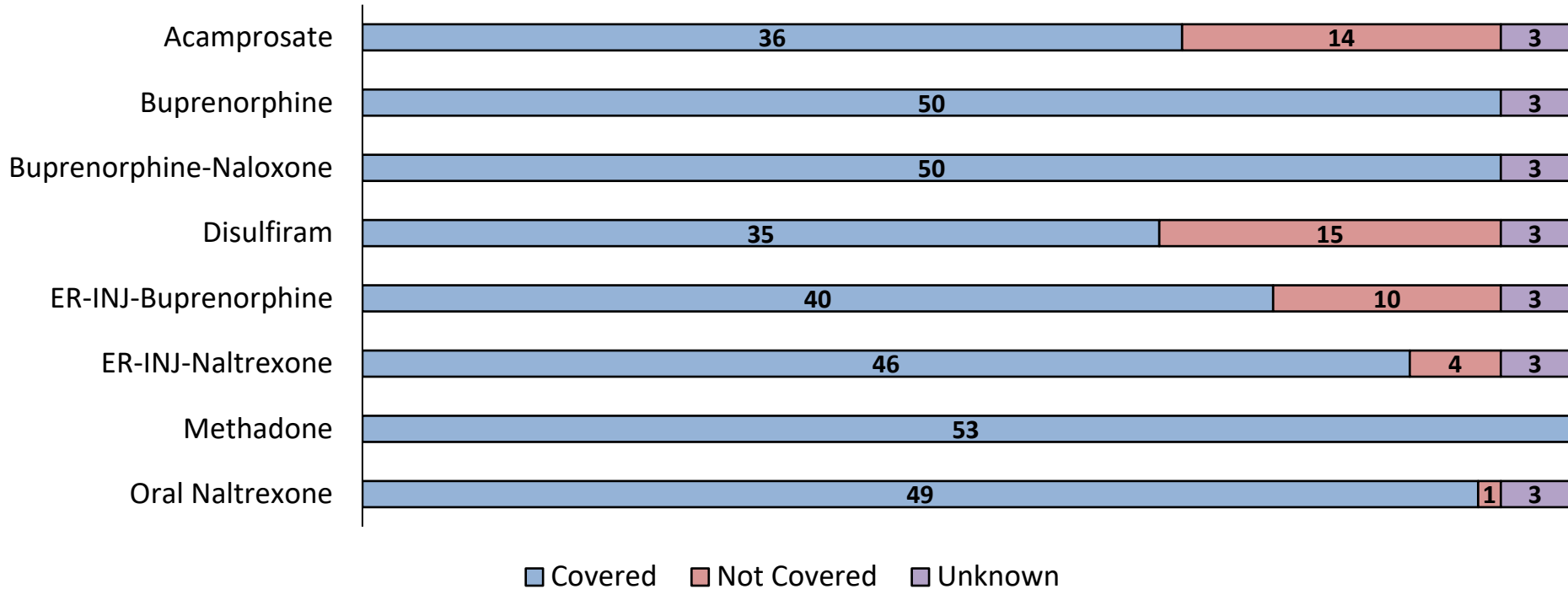
A review of publicly available sources found that large proportions of state fee-for-service (FFS) Medicaid programs and Medicaid managed care organizations (MMCO) cover medications to treat AUD and OUD and to reverse opioid overdose.

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

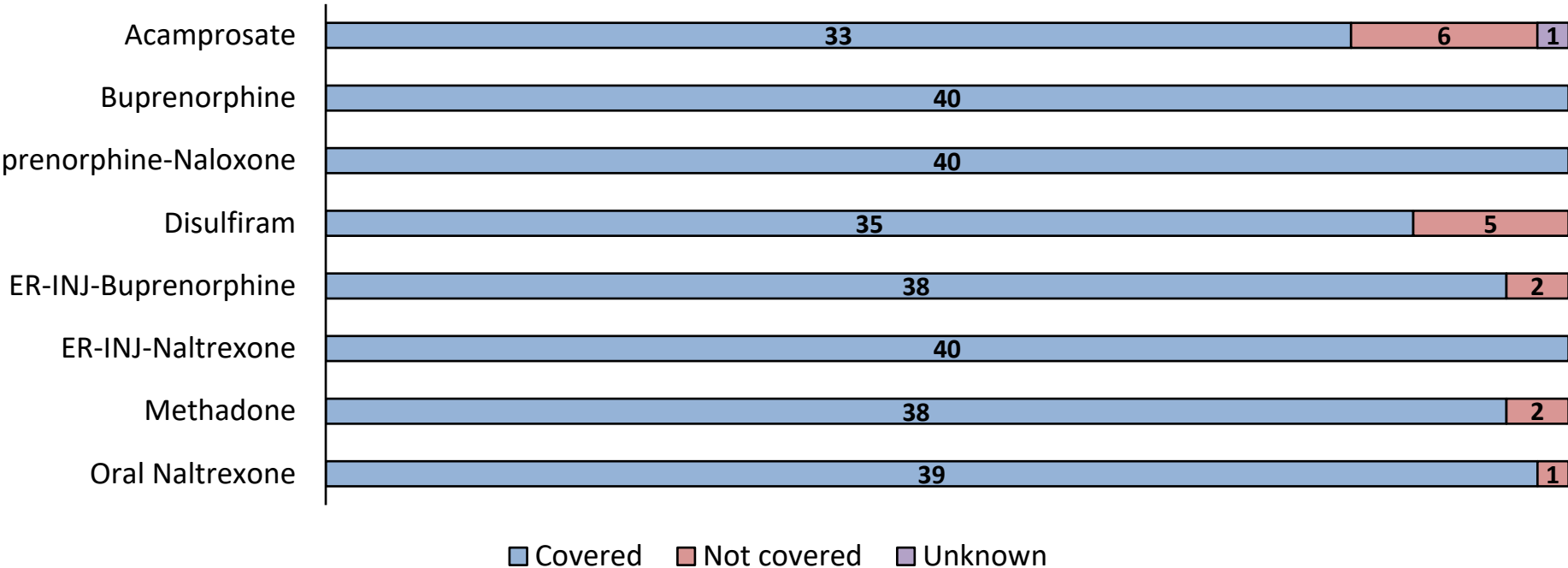
Medicaid Fee-For-Service Coverage

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



Medicaid Managed Care Organization Coverage

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



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 monopropduct (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 MMCO plans and is nearly complete, but rates of required prior authorization and quantity limits are relatively high.

Coverage of Medications for Opioid Overdose



- 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

Thank You

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.

SAMHSA

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Services Administration

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