

January 23, 2025

Utilization of Medications for Opioid Use Disorder (MOUD) in Medicaid

Melinda Becker Roach



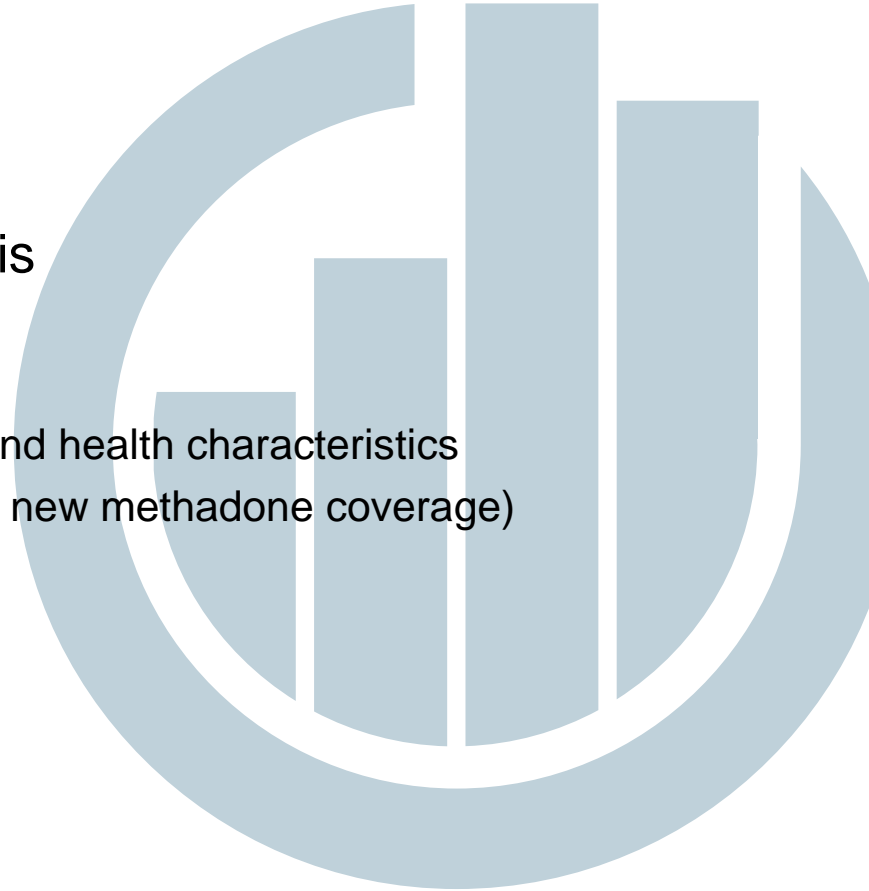
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Overview

- Background
- Findings from Medicaid claims analysis
 - Any MOUD use
 - Medications used
 - Variations in MOUD use by demographic and health characteristics
 - Effects of the MOUD benefit mandate (i.e., new methadone coverage)
- Key takeaways and next steps



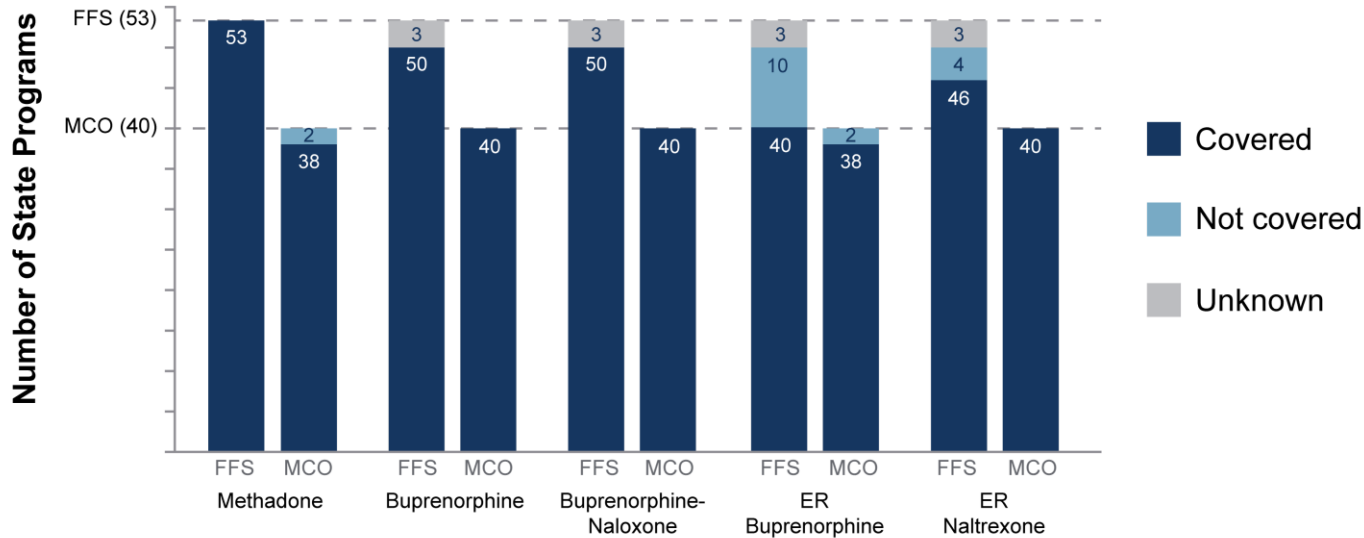
The background features a dark blue gradient with several overlapping, semi-transparent shapes in lighter shades of blue and white. These shapes include a large circle on the left, a vertical rectangle in the center, and various other curved and angular forms that create a layered, geometric effect.

Background

MOUD Benefit Mandate

- State Medicaid programs must cover all forms of MOUD:
 - Methadone
 - Buprenorphine
 - Extended-release injectable naltrexone
- The Centers for Medicare & Medicaid Services (CMS) may approve exceptions due to provider shortage
 - Seven states and territories received exceptions, which CMS must recertify every five years
- States and managed care organizations (MCOs) can still apply utilization management strategies (e.g., prior authorization)

Medicaid Coverage of MOUD in Fee-for-Service and Managed Care, 2023



MOUD Coverage by Delivery System

Notes: This figure represents data on all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands based on a review of publicly available data sources. MOUD is medications for opioid use disorder. ER is an extended-release injectable formulation. FFS is fee-for-service. MCO is managed care organization.

Source: SAMHSA 2024.

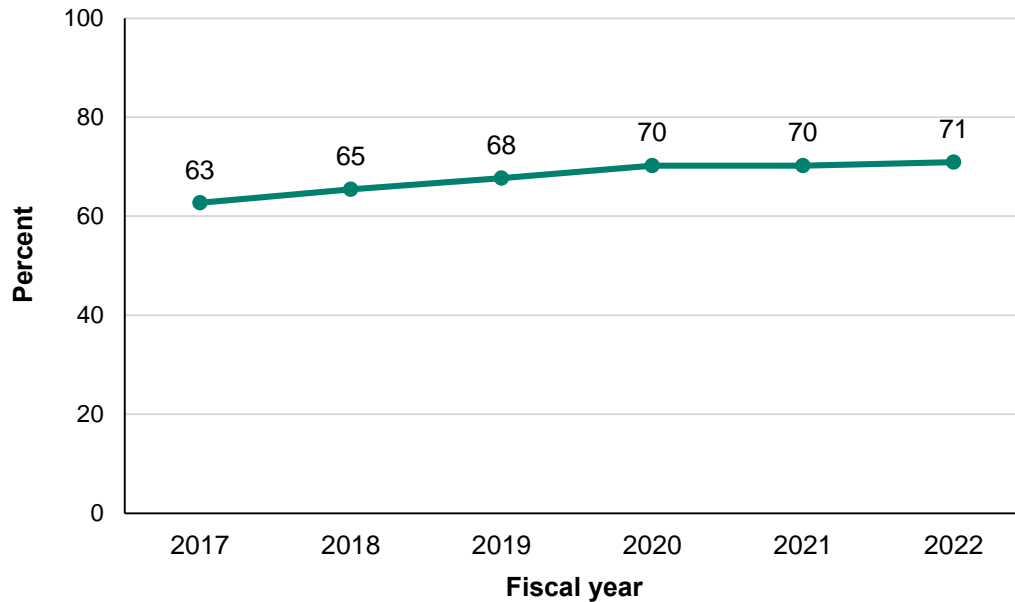
MOUD Use

Findings from an analysis of data from the Transformed Medicaid Statistical Information System (T-MSIS)

Methodology

- Analyzed T-MSIS data from fiscal years (FYs) 2017-2022, supplemented by CMS's Race and Ethnicity Imputation file
- Study population included full-benefit, non-dually-eligible Medicaid beneficiaries age 18-64
- Beneficiaries were identified as having OUD using the methodology from the CMS Chronic Conditions Data Warehouse
- MOUD use included at least one claim in a given year
- Multivariate logistic regression was used to assess variations by demographic and health characteristics
- Synthetic difference-in-differences model was used to compare MOUD use in states that added methadone coverage to similar states that previously covered all forms of MOUD

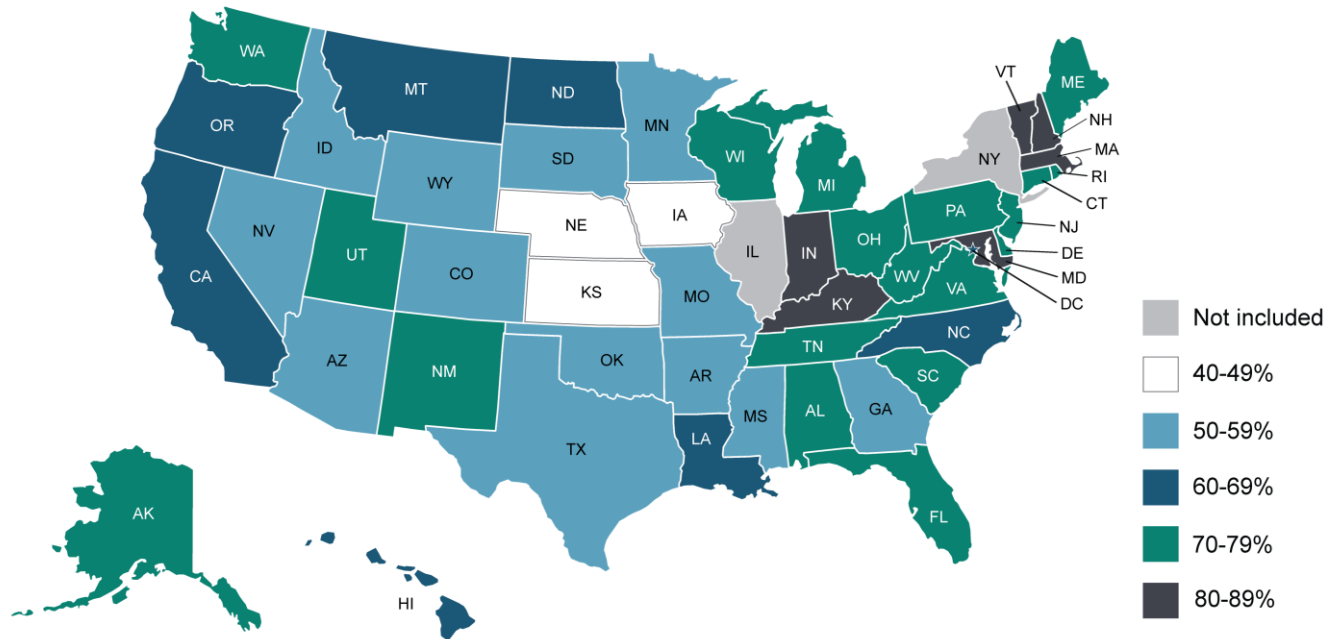
Share of Medicaid Beneficiaries with OUD Who Received Any MOUD, FY 2017-2022



Notes: The figure shows use of medications for opioid use disorder (MOUD) among individuals age 18–64 who were ever enrolled as a full-benefit, non-dually eligible Medicaid beneficiary in a given fiscal year (FY) in all 50 states and the District of Columbia. Illinois and New York were excluded for all years and Maryland and Utah were excluded for FY 2017 due to data limitations. MOUD are methadone, buprenorphine, and extended-release injectable naltrexone.

Source: Acumen LLC, 2024, Analysis of Transformed Medicaid Statistical Information System (T-MSIS) Data.

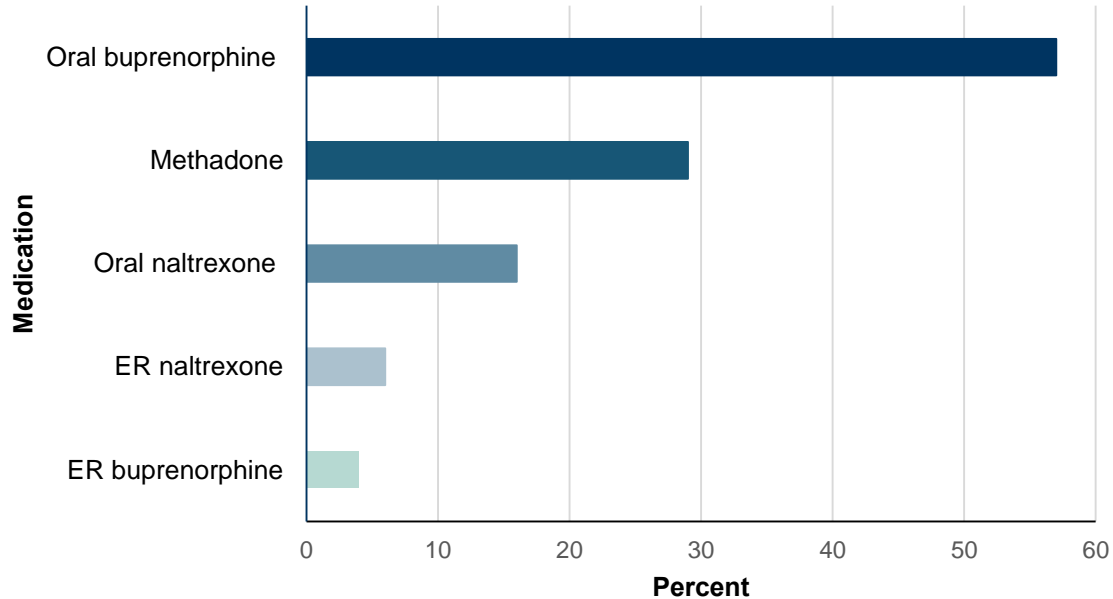
Share of Medicaid Beneficiaries with OUD Who Received Any MOUD, by State, FY 2022



Notes: The figure shows use of medications for opioid use disorder (MOUD) among individuals age 18–64 who were ever enrolled as a full-benefit, non-dually eligible Medicaid beneficiary in fiscal year 2022. MOUD are methadone, buprenorphine, and extended-release injectable naltrexone. Illinois and New York were excluded due to data limitations.

Source: Acumen LLC, 2024, Analysis of Transformed Medicaid Statistical Information System (T-MSIS) Data.

Share of Medicaid Beneficiaries with OUD Receiving MOUD and Oral Naltrexone, FY 2022



Notes: ER is extended-release. Medicaid beneficiaries may have had claims for more than one type of medication, and therefore the sum of the percentages exceeds 100. Illinois and New York were excluded due to data limitations.

Source: Acumen LLC, 2024, Analysis of Transformed Medicaid Statistical Information System (T-MSIS) Data.

Number and Share of Medicaid Beneficiaries With at Least One Claim for MOUD, by State and Medication, FY 2022

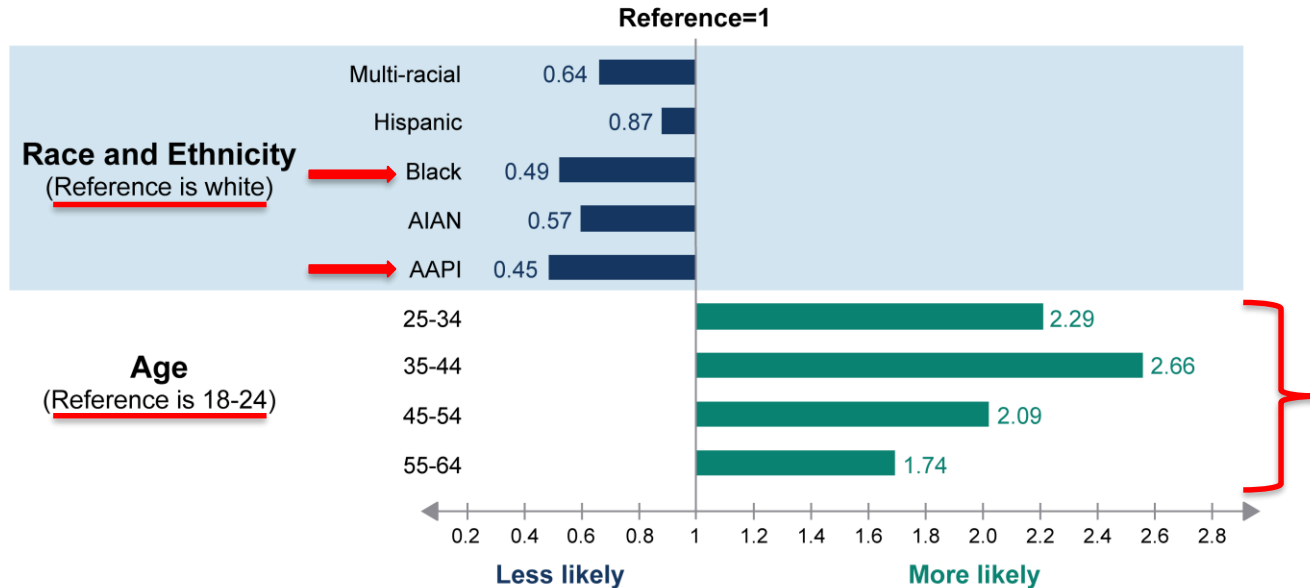
States with low use of extended-release injectable buprenorphine

State	Methadone		Buprenorphine				Naltrexone			
			Oral		ER		Oral		ER	
	#	%	#	%	#	%	#	%	#	%
State A	21	0.7	2,392	84.0	0	0.0	415	14.6	46	1.6
State B	0	0.0	240	71.0	1	0.3	100	29.6	7	2.1
State C	192	3.3	3,617	62.1	5	0.1	2,026	34.8	241	4.1
State D	2,560	31.2	3,264	39.7	5	0.1	2,445	29.8	126	1.5
State E	823	30.8	1,334	50.0	8	0.3	547	20.5	139	5.2
State F	0	0.0	416	63.0	9	1.4	251	38.0	2	0.3

Notes: The table shows use of medications for opioid use disorder (MOUD) among individuals age 18–64 who were ever enrolled as a full-benefit, non-dually eligible Medicaid beneficiary in fiscal year 2022. ER buprenorphine is extended-release injectable buprenorphine. ER naltrexone is extended-release injectable naltrexone. Oral naltrexone is not approved by the U.S. Food and Drug Administration for opioid use disorder (OUD), though it is sometimes prescribed off-label to individuals with OUD. Beneficiaries may have had claims for more than one type of medication, and therefore the sum of the percentages exceeds 100. Illinois and New York were excluded due to data limitations.

Source: Acumen LLC, 2024, Analysis of Transformed Medicaid Statistical Information System (T-MSIS) Data.

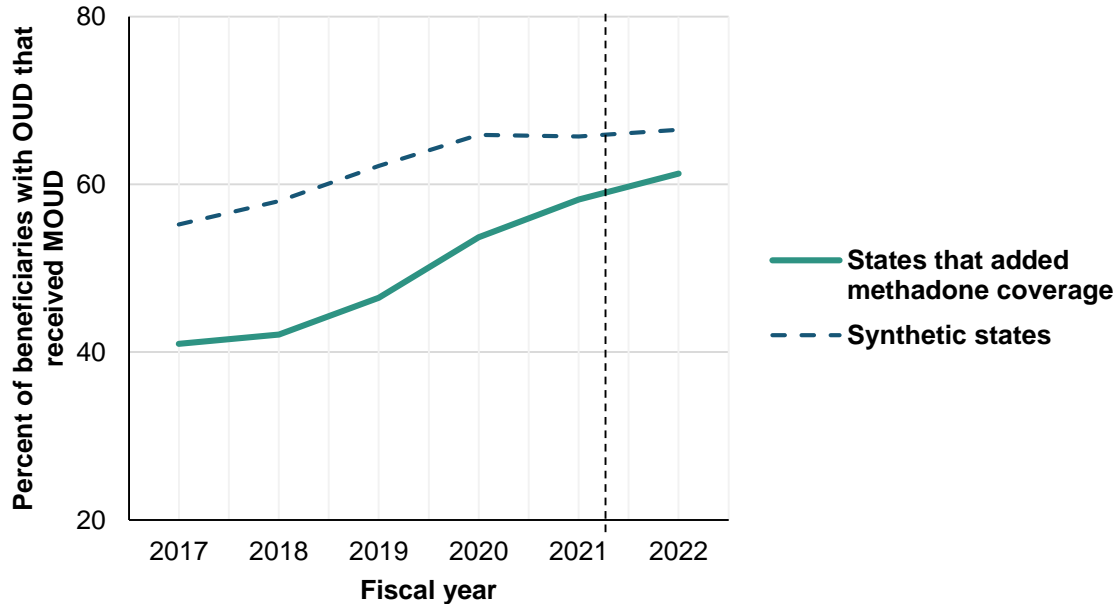
Share of Medicaid Beneficiaries With OUD Who Received Any MOUD, by Demographic Characteristics, FY 2021



Notes: Medications for opioid use disorder are methadone, buprenorphine, and extended-release injectable naltrexone. AIAN is American Indian and Alaska Native. AAPI is Asian American and Pacific Islander. All associations reported are statistically significant ($p < 0.001$).

Source: Acumen LLC, 2024, Analysis of Transformed Medicaid Statistical Information System (T-MSIS) Data.

Trends in MOUD Use among Beneficiaries with OUD in States that Added Methadone Coverage Compared to States That Previously Covered All MOUD, FY 2017-2022



Notes: This figure reports the trend lines for the treated states (those that had not previously covered methadone) and synthetic control states (those that did). It excludes states with data quality issues and states that received an exemption to the medications for opioid use disorder (MOUD) benefit mandate. MOUD includes methadone, buprenorphine, and extended-release injectable naltrexone. OUD is opioid use disorder.

Source: Acumen LLC, 2024, Analysis of Transformed Medicaid Statistical Information System (T-MSIS) Data.

Key Takeaways and Next Steps

Key Takeaways

- MOUD use has increased in recent years and is relatively high nationally, though treatment rates are low in some states
- Use of extended-release formulations is low nationally and, in some states, few beneficiaries receive methadone
- MOUD use is significantly lower for non-white versus white beneficiaries, and younger versus older beneficiaries
- The addition of methadone coverage in some states, commonly attributed to the benefit mandate, spurred an increase in MOUD use

Next Steps

- We welcome your clarifying questions and thoughts about findings that should be emphasized in the descriptive chapter for June
- In February, staff will return to present findings from stakeholder interviews, which will also inform the chapter
- Looking ahead, staff are considering work that would more closely examine the use of prior authorization for MOUD in Medicaid

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