

April 10, 2025

Access to Medications for Opioid Use Disorder in Medicaid

Review of draft chapter for June report

Melinda Becker Roach



Medicaid and CHIP Payment and Access Commission

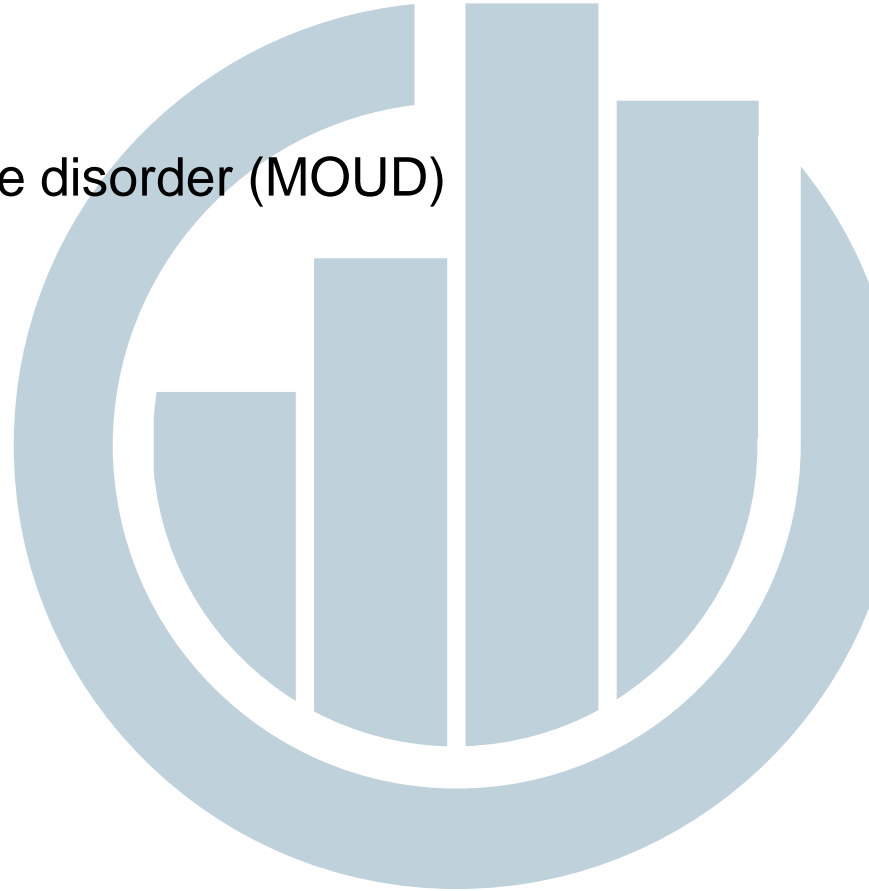
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Chapter Roadmap

- Overview of medications for opioid use disorder (MOUD)
- Recent policies affecting access
- Coverage
- Utilization
- Barriers
- Looking Ahead



Overview of MOUD

MOUD are Effective Treatments for Opioid Use Disorder

MOUD	Controlled substance		Dispensing		Route of administration		Frequency of administration		
	Yes	No	Pharmacy ¹	OTP	Oral	Injectable	Daily	Weekly	Monthly
Methadone	✓	–	–	✓	✓	–	✓	–	–
Buprenorphine	✓	–	✓	✓	✓	✓	✓	✓	✓
Naltrexone	–	✓	✓	✓	– ²	✓	–	–	✓

Notes: ✓ Check indicates that the medication meets the criterion. – Dash indicates that the medication does not meet the criterion. MOUD is medication for opioid use disorder. A controlled substance is a drug or other substance that is highly regulated by the government because of its abuse and dependency potential. OTP is opioid treatment program.

¹ Extended-release formulations of buprenorphine and naltrexone must be administered by a health care professional.

² The oral formulation of naltrexone is not approved by the FDA for the treatment of opioid use disorder.

Source: MACPAC, 2024, Analysis of SAMHSA 2021.



Recent Policies Affecting Access to MOUD

Medicaid Policies

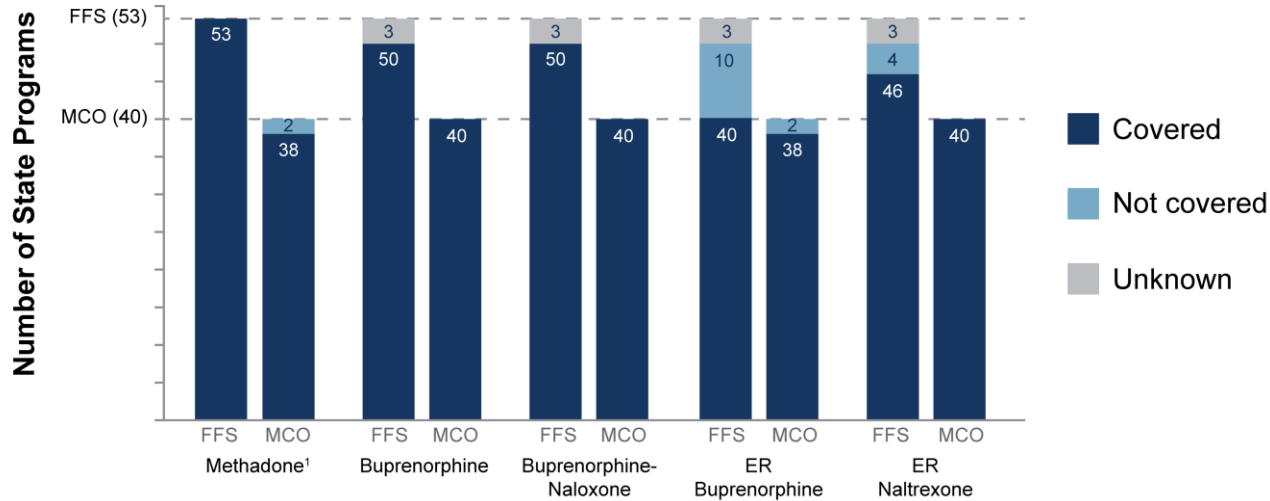
- MOUD benefit mandate
 - Exemptions for seven states and territories due to provider shortage
 - States and managed care organizations (MCOs) can still apply utilization management strategies (e.g., prior authorization)
- Provider capacity demonstrations
- Section 1115 demonstrations
- State plan option for substance use disorder (SUD) treatment in institutions for mental diseases
- Health homes

Non-Medicaid Policies

- Methadone dispensing
 - Expanded take-home dosing during COVID-19 public health emergency (PHE)
 - PHE flexibility included in revised federal rules, along with other changes
- Buprenorphine via telehealth
 - PHE flexibilities extended several times and largely made permanent in revised federal rules
- Requirements for buprenorphine prescribers
 - Congress eliminated federal waiver requirement and patient caps
- Grant funding
 - Central component of state efforts to expand and sustain access to MOUD

Coverage of MOUD

Medicaid Coverage of MOUD, 2022-2023



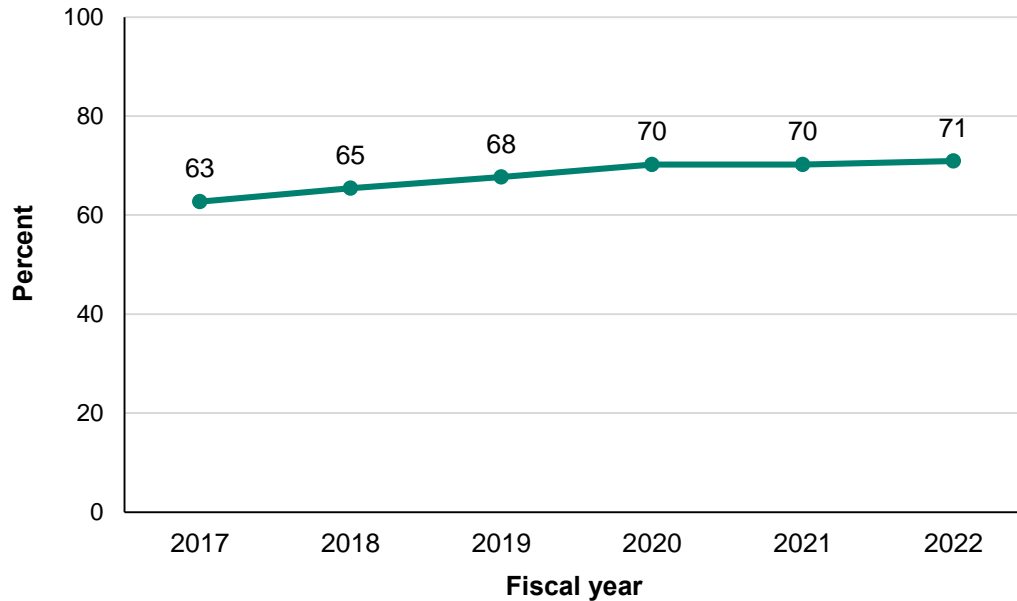
MOUD Coverage by Delivery System

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. FFS is fee-for-service. MCO is managed care organization. ER is an extended-release injectable formulation. ¹ The study identified South Dakota, the U.S. Virgin Islands, and Wyoming as covering methadone, though they were exempt from the MOUD benefit mandate due to a lack of Medicaid-enrolled OTPs (CMS 2024).

Source: SAMHSA 2024.

Utilization of MOUD

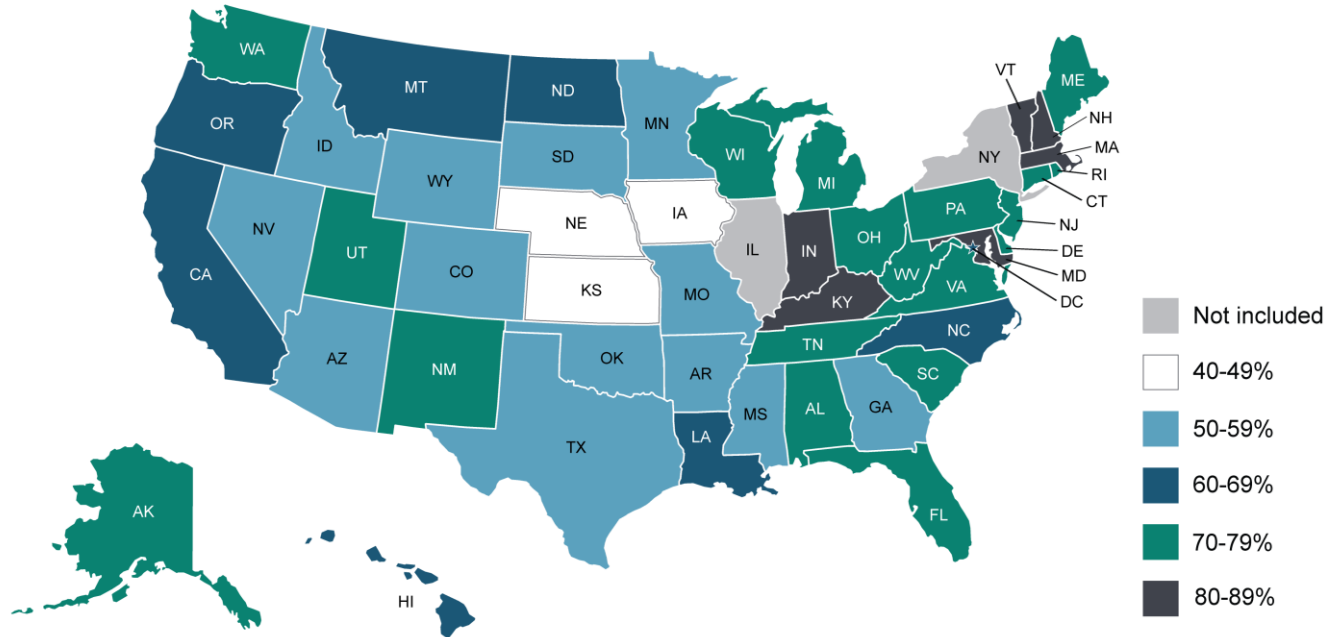
Share of Medicaid Beneficiaries with OUD Who Received Any MOUD, FY 2017-2022



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). MOUD are methadone, buprenorphine, and extended-release injectable naltrexone. The analysis includes all 50 states and the District of Columbia. Due to data limitations, Illinois and New York were excluded for all years and Maryland and Utah were excluded for FY 2017.

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

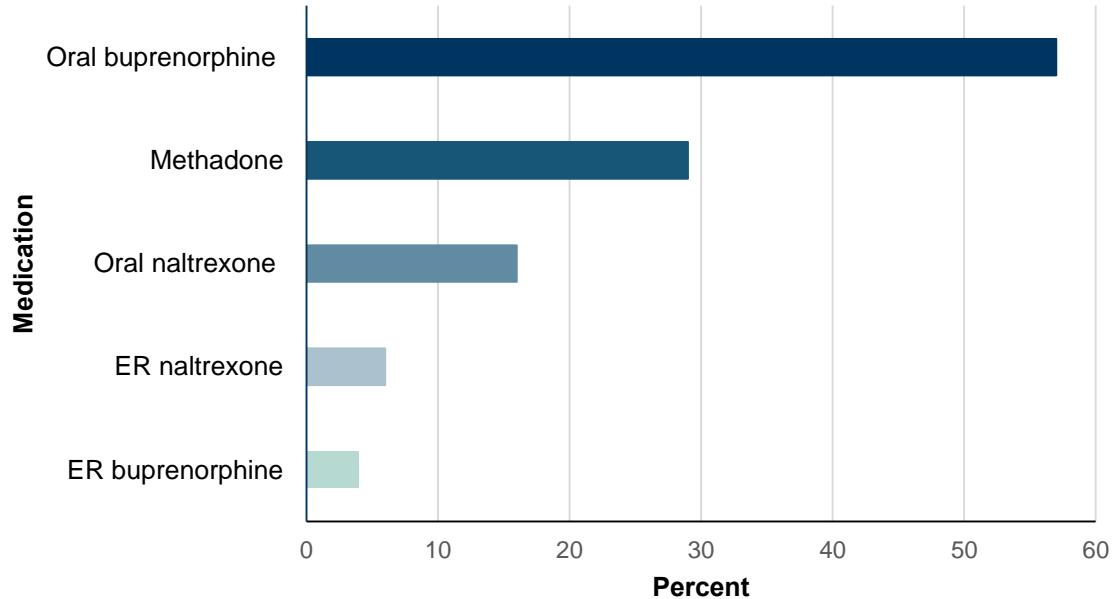
Share of Medicaid Beneficiaries with OUD Who Received Any MOUD, by State, FY 2022



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. FY is fiscal year.

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

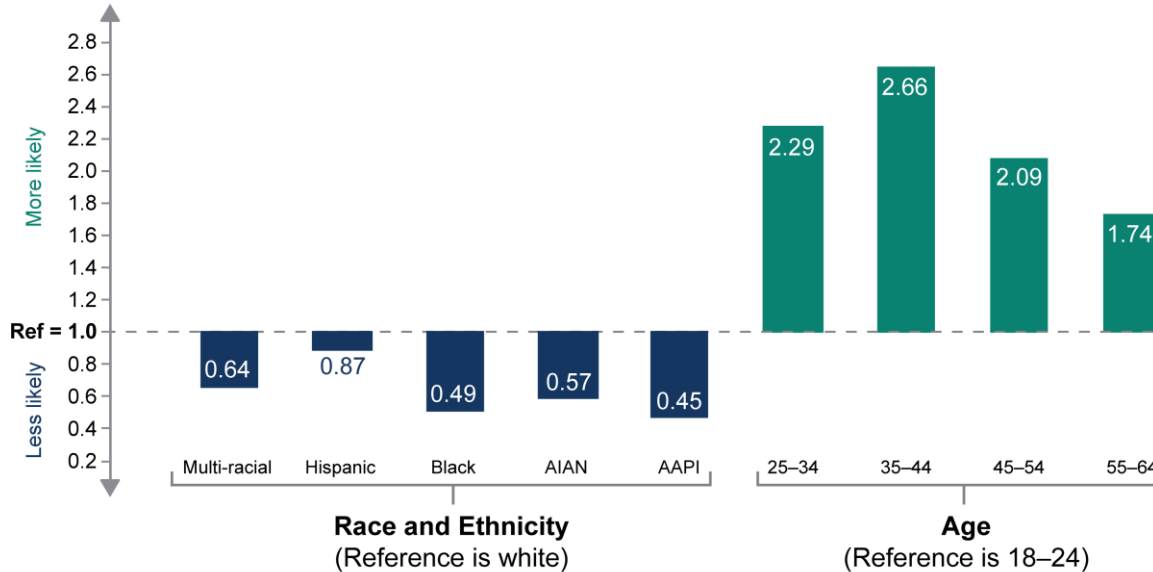
Share of Medicaid Beneficiaries with OUD Receiving MOUD and Oral Naltrexone, FY 2022



Notes: FY is fiscal year. ER naltrexone is extended-release injectable naltrexone. ER buprenorphine is extended-release injectable buprenorphine. 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: MACPAC and Acumen LLC, 2024, Analysis of Transformed Medicaid Statistical Information System (T-MSIS) Data.

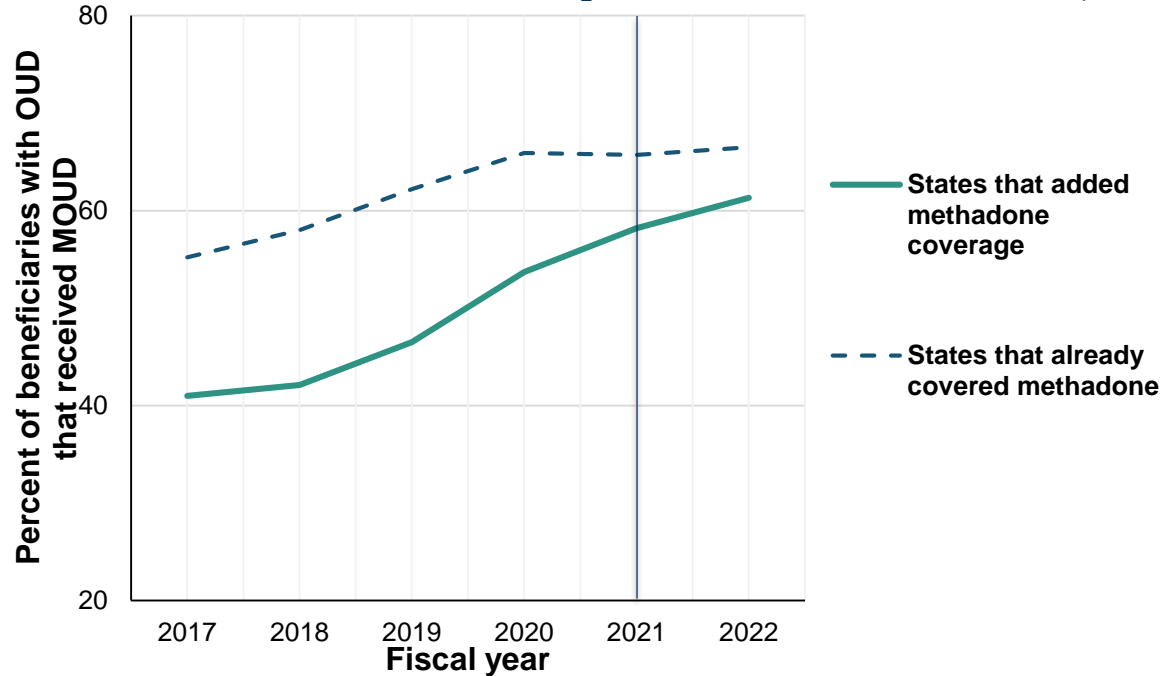
Odds of Medicaid Beneficiaries With OUD Receiving Any MOUD, by Demographic Characteristics, FY 2021



Notes: Odds ratios compare the likelihood of one group receiving any medication for opioid use disorder compared to that of another group, known as the reference category, which is equal to one. White beneficiaries are the reference category to which other racial and ethnic groups are compared. Beneficiaries age 18–24 are the reference category for other age groups. All associations reported are statistically significant ($p < 0.001$). Medications for opioid use disorder are methadone, buprenorphine, and extended-release injectable naltrexone. FY is fiscal year. Black is Black, non-Hispanic. AIAN is American Indian and Alaska Native. AAPI is Asian American and Pacific Islander.

Source: MACPAC and 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 and States that Previously Covered Methadone, FY 2017-2022



Notes: This figure shows trends in MOUD use for states that added methadone coverage compared to similar states that already covered methadone during the study period. It excludes states with data quality issues and states that received an exemption to the federal requirement for states to cover all forms of MOUD (South Dakota and Wyoming), which took effect in fiscal year (FY) 2021. OUD is opioid use disorder. MOUD are methadone, buprenorphine, and extended-release injectable naltrexone.

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

Barriers to MOUD

Stigma

- There is persistent stigma and misinformation surrounding MOUD
 - Methadone and buprenorphine sometimes stigmatized as “replacement drugs”
 - Patients may be forced to taper off medication for abstinence-only programs
 - Some states establish additional barriers to methadone (e.g., zoning laws)
- Federal rules can contribute to stigma and provider hesitance
 - Stakeholders report pharmacies not restocking buprenorphine for fear of running afoul of Drug Enforcement Administration (DEA) rules
 - Complex federal regulations governing privacy of SUD treatment records (42 CFR Part 2) dissuade some providers from offering MOUD
- States described efforts to alleviate stigma through outreach and education

Provider availability

- In 2022, 34 percent of counties had no opioid treatment programs (OTPs) or buprenorphine providers serving Medicaid beneficiaries (HHS OIG 2024)
- Barriers to improving provider availability include:
 - Behavioral health workforce shortages
 - Lack of training and support for providers
 - Low provider reimbursement rates and financial risks
 - Federal, state, and local barriers to OTPs
- Stakeholders discussed strategies such as:
 - Using non-Medicaid grant funds to recruit and provide support to providers
 - Establishing mobile OTP units and emergency department prescribing

Utilization management

- States and MCOs use utilization management strategies (e.g., prior authorization) to promote appropriate care, control costs, and reduce the risk of fraud, waste, and abuse
- Prior authorization
 - Prior authorization can delay or result in denial of potentially life-saving care, and concerns about drug diversion are not backed by evidence
 - Prior authorization for MOUD has become less common, though it is still used
- Quantity limits
 - Many states and MCOs have a daily dosage limit of 24 mg for oral buprenorphine
 - These caps can be a barrier to timely and effective treatment for patients who were using fentanyl or have a long history of drug use and need higher doses to stabilize
 - The Food and Drug Administration recently began encouraging labeling changes to clarify that higher doses may be appropriate for some patients



Looking Ahead

Looking Ahead

- The annual number of opioid-related deaths in the United States remains high
- MACPAC will continue examining factors that affect access to MOUD for Medicaid beneficiaries
- The Commission's next phase of work will more closely examine use of prior authorization, daily dosage caps, and potentially other utilization management strategies for MOUD

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