Insights in Health
Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders

Truven Health Analytics prepared a report for the Substance Abuse and Mental Health Services Administration (SAMHSA) about treatment options for alcohol abuse and illicit drug use.

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.
  - **Findings**: 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.
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.