

MEDICAID DRUG
SPENDING ON ANTI-
ADDICTION MEDICATION
AND OPIOID ADDICTION
REFRESHER

TWO PRIMARY ACCESS POINTS

Pharmacy Benefit

- Dispensed by a Pharmacy
- Billed via the PBM Process (NCPCP)
- Oversight by Drug Utilization Review (DUR) Board
- Prior Authorization Required

Medical Benefit

- Administered in outpatient / inpatient setting
- Billed via medical claim form (1500)
- Prior Authorization Required

EXAMPLES:

- A claim for an individual receiving inpatient detoxification for multiple days would be submitted and paid through HP as a medical benefit.
- If the provider chose to prescribe a monthly injection of Vivitrol (obtained and administered by the physician), this service would also be paid as a medical benefit as buy and bill.
- If a provider wrote a prescription and sent a patient to a pharmacy for VIVITROL, it would be billed through Catamaran POS PBM system and would not require PA.
- If a provider chose to prescribe oral SUBOXONE, the medication would require PA to ensure it was NOT being used for pain management, and then be dispensed at a pharmacy and paid under the pharmacy benefit.
- If a prescriber writes a methadone prescription for pain and sends a patient to a pharmacy, it's billed as a Catamaran POS PBM claim and would NOT require PA.
 - OPIATES HAVE A RETROSPECTIVE DUR REVIEW

PRODUCT INFO:

Medication	FDA Indications	Covered	Benefit	Characterization	Cost*
buprenorphine sublingual tablet (SUBUTEX)	Opiate dependence	Generic version on market	Pharmacy	Addictive	\$90/month
buprenorphine/nalaxone (SUBOXONE, BUNAVAIL, ZUBZOLV)	Opiate dependence	YES	Pharmacy	Addictive	\$210/month
methadone (pill form)	Pain management	YES	Pharmacy	Addictive	\$18/Rx
methadone (liquid form, daily oral)	Opiate dependence	NO	Medical	Addictive	Approx. \$0.50 a dose at wholesale price
naltrexone [REVIA (daily oral), VIVITROL (monthly injection)]	Alcohol dependence; Opiate dependence	YES	Medical	Non-Addictive	\$1,280/month

*Important: The costs outlined in the chart above solely represent the cost of the medications. They do not include Medicaid reimbursement for medical services rendered, transportation or counseling.

LEGAL AUTHORITY:

405 IAC 5-17-5(a) Medicaid reimbursement is available for inpatient detoxification, rehabilitation, and aftercare for chemical dependency when such services are prior authorized subject to this section.

SPECIFIC METHADONE COVERAGE

	Methadone (for pain management)	Methadone Maintenance (for opiate dependence)
In what form do individuals receive the medication?	Oral Tablet	Oral Liquid
Where can a member receive the medication?	Dispensed from any pharmacy with an appropriate prescription	Administered only at certified Opioid Treatment Programs (OTPs)
Is it currently reimbursed by Indiana Medicaid	Yes	No (current rule under review)
Does it require prior authorization	No (But post utilization review is ongoing)	N/A

KEY TAKEAWAY POINTS:

Indiana Medicaid DOES reimburse for inpatient detoxification services (aka opiate withdrawal)

Indiana Medicaid DOES reimburse for outpatient substance abuse treatment.

- Indiana Medicaid **DOES NOT** reimburse for methadone for opiate dependence beyond detox (otherwise known as methadone maintenance therapy) but DOES cover methadone for pain management.
 - Prior authorization is NOT CURRENTLY REQUIRED for methadone for pain management

Indiana Medicaid DOES reimburse for other addictive (e.g. SUBOXONE®) and non-addictive (i.e. VIVITROL®) medications for the treatment of substance abuse

- Prior authorization is CURRENTLY REQUIRED for SUBOXONE®
- Prior authorization is NOT CURRENTLY REQUIRED for VIVITROL®

BY THE NUMBERS:

- ***methadone***
 - In CY2014, we processed and paid 933,091 opioid claims.
 - 15,146 of those were for methadone for pain management.
 - That represents 1.6% of all opioid claims paid in CY2014.
 - Facility daily methadone costs < \$1 per day
 - Consider multiple transportation costs/office visits, counseling sessions
 - Outpatient pharmacy methadone is \$18 average per Rx (~30-days)
- **VIVITROL®**
 - CY2014 RX expenditure was \$419,610 on 361 claims (avg \$1,162)
 - One office visit per month
 - CY2014 MED expenditure was \$184,620 on 112 claims (avg \$1,648)
 - HCPCS J2315 Service Code
- **SUBOXONE®**
 - CY 2013 – RX was \$7,438,057 on 27,952 claims (avg \$266)
 - CY 2014 – RX was \$7,848,053 on 30,247 claims (avg \$259)
- **buprenorphine sublingual (f.k.a. SUBUTEX®)**
 - \$212,819 on 2,375 claims (avg \$90)

BY THE NUMBERS:

- **Opiate Treatment Centers**

- *Claims are primarily professional service CMS 1500 claims with some outpatient claims*

Medicaid Methadone Claims
7/1/2012 to 6/30/2014

		Recipients	Expenditures	Units
SFY 13	FFS Claims	5,551	\$223,564	12,513
	Encounter Claims	5,290	\$91,629	9,612
	Unduplicated Totals	10,616	<u>\$315,193</u>	22,125
SFY14	FFS Claims	8,773	\$509,537	23,385
	Encounter Claims	8,158	\$470,380	18,950
	Unduplicated Totals	16,610	<u>\$979,917</u>	42,335

QUESTIONS?