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:

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

*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

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

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