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Medications for Opioid Use Disorder (MOUD) and Related Policies

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Overview

- Overview of MOUD
- Recent federal policies regarding MOUD
- Additional factors limiting access to MOUD
- Next steps



Overview of MOUD

- Three forms approved by the U.S. Food and Drug Administration
 - Methadone
 - Buprenorphine
 - Naltrexone
- Strong evidence of effectiveness
 - Methadone and buprenorphine have been shown to reduce overdose death
- Federal guidance underscores that access to MOUD should not be contingent upon receipt of other services (e.g., counseling)

Overview of MOUD, cont.

MOUD	Controlled substance		Dispensing		Route of administration		Frequency of administration		
	Yes	No	Pharmacy ¹	OTP	Oral	Injectable	Daily	Weekly	Monthly
Methadone	✓	–	–	✓	✓	–	✓	–	–
Buprenorphine	✓	–	✓	✓	✓ ²	✓	✓	✓	✓
Naltrexone	–	✓	✓	✓	– ³	✓	–	–	✓

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

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

² Oral formulations of buprenorphine may be tablets or film.

³ The oral formulation of naltrexone is not approved by the FDA for the treatment of opioid use disorder.

Source: SAMHSA 2021.

Recent Federal Policies Regarding MOUD

Federal Medicaid Policies

- MOUD benefit mandate
 - Five-year requirement under SUPPORT Act (P.L. 115-271)
 - Made permanent in Consolidated Appropriations Act, 2024 (CAA, P.L. 118-42)
 - States with exception for provider shortage must recertify every five years
- Section 1115 demonstrations
 - Substance use disorder (SUD) ([SMD #17-003](#))
 - Reentry ([SMD #23-003](#))

Federal Medicaid Policies, cont.

- State plan option for institutions for mental diseases (IMDs)
 - Made permanent in CAA 2024 (P.L. 118-42)
 - Facilities must provide at least two forms of MOUD onsite
- SUD provider capacity demonstrations
 - Authorized by the SUPPORT Act (P.L. 115-271)
 - 15 planning grants, 5 states selected for post-planning period
- Health homes
 - Authorized by the Patient Protection and Affordable Care Act (P.L. 111-148)
 - Provides enhanced federal funding for services that promote care integration for enrollees with chronic conditions, including SUD

Other Recent Federal Policies

- Changes to methadone access
 - New flexibilities during the pandemic
 - Final rule issued by the Substance Abuse and Mental Health Services Administration
- Buprenorphine initiation via telehealth
 - Pandemic flexibilities temporarily extended
 - Proposed rule would limit prescriptions to 30 days without in-person evaluation
- Requirements for buprenorphine prescribers
 - Consolidated Appropriations Act, 2023 (P.L. 117-328) eliminated the federal waiver requirement and patient caps

Other Factors Limiting Access to MOUD

Provider Availability

- In 2022, 34 percent of U.S. counties had no opioid treatment programs or buprenorphine providers serving Medicaid enrollees
- Factors limiting provider availability
 - Stigma
 - Cost
 - Methadone regulations
 - Previous buprenorphine prescriber requirements

States with Utilization Management Controls for MOUD, by Delivery System, 2023

MOUD	Prior authorization		Quality limits or maximum daily doses		Does not have preferred status	
	FFS	MCO	FFS	MCO	FFS	MCO
Methadone	25	27	21	23	–	–
Buprenorphine	16	15	24	19	12	12
Buprenorphine-naloxone	16	7	26	22	4	3
Extended-release buprenorphine	7	9	12	14	11	13
Extended-release naltrexone	7	4	12	16	10	6

Notes: The table classifies use of select utilization management controls for MOUD in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands based on a review of publicly available documents. It does not depict instances in which the policy is unknown or there is no documented coverage of a specific medication. For each type of MOUD, a state is included if it has at least one MCO using prior authorization, quantity limits or daily maximum doses, or non-preferred status. FFS is fee-for-service. MCO is managed care organization. MOUD is medication for opioid use disorder.

– Dash indicates that the utilization management control is not relevant for a particular medication. Methadone for OUD is covered as a medical service and not as a pharmaceutical benefit, and therefore cannot be listed on a state’s preferred drug list of outpatient prescription drugs.

Next Steps

- Present coverage data and findings from claims analysis
 - MOUD utilization and effects of the MOUD benefit mandate
- Present themes from stakeholder interviews
- Develop descriptive chapter for the June report

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