HHS Public Access

Author manuscript

Psychiatr Serv. Author manuscript; available in PMC 2022 February 01.

Published in final edited form as:

Psychiatr Serv. 2021 February 01; 72(2): 225–226. doi:10.1176/appi.ps.202000165.

Availability of extended-release buprenorphine to treat opioid use disorder for Medicaid-covered population

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INTRODUCTION

Medicaid is the largest U.S. payer for substance use disorder (SUD) treatment(1). Coverage of medication for opioid uses disorder (MOUD) – buprenorphine, methadone, naltrexone – varies by state (2, 3). Extended-release (XR) buprenorphine may improve retention and reduce diversion (4). In the year after the XR-buprenorphine implant was approved by the U.S. Food and Drug Administration (FDA), only 1% of SUD treatment facilities offered it (5). Using the 2018 National Survey of Substance Abuse Treatment Services (N-SSATS), this study reports geographic differences and difference over time in availability of XR-buprenorphine implant and injection (FDA-approved in 2017) for Medicaid population.

METHODS

Using the 2018 N-SSATS and drug-specific coverage by state Medicaid, availability of MOUD generally and XR-buprenorphine (implant or injection) at SUD treatment facilities were mapped (3). Bivariate differences in proportion offering each modality in 2018 versus 2017 were evaluated with Chi-square tests using a significance level of alpha = 0.05. Analyses were conducted using Stata 16 (College Station, TX). Maps were created using MapChart.Net.

RESULTS

From 2017 (n=13,481 SUD) to 2018 (n=14,691), the proportion of SUD treatment facilities offering any MOUD increased from 38% to 43% overall ($p<0.001$). The proportion of facilities offering the XR-buprenorphine implant significantly increased from 1% (n=152) to 2% (n=296) ($p<0.001$), as did the proportion offering XR-naltrexone from 24% to 28% ($p<0.001$). Data on the XR-buprenorphine injection was collected for the first time in 2018, and 4% (n= 588) of SUD treatment facilities offered it. Overall, 67% of SUD treatment facilities accepted Medicaid; of these, 46% offered at least one MOUD, and 4% offered XR-buprenorphine. The proportion of SUD facilities with Medicaid-covered MOUD varied widely by state from 3-6% in South Dakota, Hawaii, and Arkansas to 73% in New York (Figure 1). Sixteen states had no SUD treatment facilities where a Medicaid client could receive XR-buprenorphine – including 10 states where Medicaid does not cover either XR-

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buprenorphine and six jurisdictions (District of Columbia, Hawaii, New Hampshire, South Dakota, Vermont, West Virginia) where Medicaid covers XR-buprenorphine but no SUD treatment that accepts Medicaid offers it.

DISCUSSION

Fewer than half of SUD treatment facilities in the U.S. offer any MOUD, but substantial increases in MOUD availability from 2017 to 2018 is a positive step. The XR-buprenorphine injection has relatively higher early availability than the implant, though absolute availability remains low, both overall and for clients with Medicaid. Among states where Medicaid covers a given form of MOUD, some require pre-authorization or step therapy, while in others the same MOUD has preferred status. This heterogeneity is not captured in maps of binary Medicaid coverage status, but the broad picture of availability of XR-buprenorphine in U.S. highlights scale-up opportunities to engage policymakers, facilities, and clinicians.

ACKNOWLEDGMENTS

Dr. Shover was supported by the Wu Tsai Neurosciences Institute at Stanford University and the National Institute on Drug Abuse of the National Institutes of Health under award number T32 DA035165. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. Dr. Shover thanks Dr. Keith Humphreys for providing feedback on a draft of this column.

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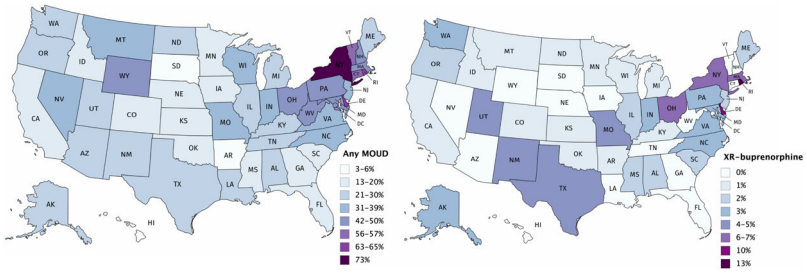

Figure 1.

Percent of state's substance use disorder treatment facilities where clients covered by Medicaid can be prescribed medications for opioid use disorder: any MOUD vs. XR-buprenorphine