Trends in Opioid and Medication-Assisted Treatment Prescription Drug Usage in Medicaid

2024 Opioid & Fentanyl Abuse Management Forum

February 16, 2024

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The Menges Group

Strategic Health Policy & Care Coordination Consulting

Why Focus on the Medicaid Population?

Medicaid covers approximately one-fifth of the US population. As a program serving impoverished persons and adults with disabilities, Medicaid plays a significant role in supporting persons with substance abuse disorder (SUD) and opioid use disorder (OUD).

Source: KFF

Presentation Objectives

1. Identify innovations Medicaid MCOs are implementing to address the opioid epidemic.
2. Quantify trends in the use of prescription opioids and medication-assisted treatment (MAT) in the Medicaid program.
3. Compare usage trends in the MCO setting versus the fee-for-service (FFS) setting.
4. Compare usage trends between states that adopted Medicaid expansion and those that did not.
5. Assess the impact of selected state policy changes on these states' opioid prescription volume.

1) Medicaid MCO Innovations to Address the Opioid Epidemic

Medicaid RFP Trends

We identified 21 Medicaid Request for Proposals (RFPs) across 16 states from 2017-2023 that asked opioid, OUD, and/or MAT-related questions.

- Within these RFPs, State Medicaid Programs asked MCOs to detail their strategies to address the opioid epidemic, enhance the detection and treatment of OUD, approaches to drug utilization review programs (including opioid utilization management), care coordination for individuals with OUD, strategies to enhance the availability of MAT services (e.g., building an accessible MAT network and addressing provider shortages), etc.
- Of the 21 RFPs we identified, almost half (10 RFPs) included one or more scenario-based questions regarding how an enrollee with OUD can best be supported.

Examples of 2023 Medicaid RFP Questions

RFP Contract Title	RFP Language
New Hampshire Medicaid Care Management (MCM)	**Describe how the Respondent will safely reduce the rate of opioid prescribing without increasing use of illicit opioids, including, but not limited to:** **1)** Strategies for working with Providers to reduce opioid prescribing; **2)** Supporting Providers on alternative strategies for addressing pain management; **3)** Providing assistance to Members who are chronic or high users of opioids; **4)** The Respondent's policies requiring Providers and pharmacists to review New Hampshire Prescription Drug Monitoring Program (PDMP) data prior to prescribing or dispensing opioids to Members; and **5)** Any additional strategies that the Respondent has found effective in other states for safely reducing use of prescription opioids.
Georgia Families & GA Families 360 Care Management Organization	**The Supplier receives a Prior Authorization request from a physician to prescribe opioid medication for chronic pain. Respond to the following at minimum:** **a.** Provide the Supplier's Prior Authorization policy; **b.** Describe how the Supplier will evaluate the request, associated timeframes, reviewer qualifications, and Member and Provider communications, from the Supplier's receipt of the request through making a Prior Authorization decision in the following two circumstances: **i.** The Prior Authorization request does not demonstrate that the Member meets Medical Necessity criteria. Describe in detail the Supplier's criteria for Medical Necessity (overall and as relevant to this authorization). **ii.** The Prior Authorization request does not contain sufficient information for the Supplier to make a Medical Necessity determination. **c.** Using the last two (2) years of data related to Prior Authorization requests for opioid prescriptions, describe the following at the state level for other states where the Supplier is operational: **i.** The Supplier's approval rate; and **ii.** For approved Prior Authorization requests, the average number of days between the date of receipt of the Prior Authorization request to the notification to the Member and Provider of approval.
KanCare *[Kansas]*	**SCENARIO**. Shanice is a twenty-three (23)-year-old, black, female KanCare Member who was brought to the Emergency Department (ED) by police due to injuries sustained during a fight with another person in a downtown homeless shelter. While her injuries do not appear to be life threatening, Shanice sustained injuries around her face and head and exhibits odd behavior. Shanice has a history of opioid use disorder, benzodiazepine use disorder, and stimulant use disorder in addition to co-morbid schizoaffective disorder and major depression disorder with psychotic features. Her drug screens at the ED are positive for opioids and benzodiazepines. Shanice has been receiving services through a CCBHC but has been inconsistently engaged in treatment and has presented to the ED multiple times for either drug intoxication or withdrawal in the past year. She is unstably housed and lacks any form of Transportation. Tests conducted during the ED stay indicate that Shanice is pregnant. Describe the bidder's approach to addressing Shanice's needs.

Examples of MCO Proposed Strategies to Address OUD and Increase MAT from Tennessee's 2021 TennCare RFP

RFP Language	MCO Commitments (According to Proposal Responses)

The Respondent shall describe how it will address opioid use disorder (OUD) including but not limited to providing Medication Assisted Treatment (MAT) and supporting care coordination for members with OUD.	• **High-touch Support**: Dedicated team of Care Coordinators specifically for SUD/OUD services and supports. This team consists of an Addictionologist, Case Managers, and CPRSs who engage with members directly and within the community. When data or member interactions indicate potential opioid misuse (including obtaining prescriptions from numerous physicians and/or pharmacies without providers' knowledge or obtaining or dispersing prescriptions by fraudulent actions), the team reaches out to the member and their providers, gathers information, and helps to arrange screenings, interventions, referrals, and treatment with a focus on recovery.
	• **Data Analytics**: Internal dashboards that support the identification of patterns of opioid use among members. Dashboards can summarize opioid claims by categories and allow member distribution views by geographic region.
	• **Heat Mapping**: Use a tool that incorporates pharmacy data to identify Buprenorphine, Subutex, Vivitrol, or Opiate prescriptions longer than 90 days. The map tracks non-pregnant members of childbearing ages (15 to 45) and locates MAT providers by county, helping the MCO to pinpoint areas for increased member outreach and opportunities for provider network expansion.
	• **Provider and Member Education**: Dedicated provider training tools, resources, and member education. Includes education on the availability of Naloxone without prior authorization through TennCare's pharmacy benefit.
	• **Value-Based Payment Arrangements**: An MCO implemented value-based payment agreements to increase the uptake of MAT following a hospital event and increase retention in treatment over time. Includes:
	  ○ Incentive payments to a hospital for each MAT initiation during or immediately following an emergency room or inpatient visit, and a larger incentive payment when an individual subsequently receives MAT from an outpatient provider in the seven or 14 days following the hospital event. The targeted incentive requires universal SUD screening, directly encouraging initiation of evidence-based care, and rewards the hospital for its role in connecting individuals to care upon discharge.
	  ○ A monthly care management payment for wraparound services and supports, incentive payments for monthly MAT refills, and a bonus when individuals are continuously retained in treatment for six months.
	• **Judicial System Partnership**: Collaborate with a judge and a local Recovery Navigator to provide timely connections, care coordination, and treatment planning for members who appear in recovery courts.
	• **Project ECHO Partnership**: Partner with and sponsor East Tennessee State University's Project ECHO program to promote teleconsultation education support for providers by providing sponsorship support to East Tennessee State University's (ETSU's) Project ECHO program. Project ECHO provides no-cost training for the identification and treatment of opioid addiction to providers and their primary care teams. The training covers the management of naloxone/buprenorphine (such as Suboxone) and injectable naltrexone (such as Vivitrol) and provides access to a virtual learning community for treatment guidelines, tools, and member resources.

Examples of MCO Proposed Strategies from Delaware's 2022 Diamond State Health Plan RFP

RFP Language	MCO Commitments (According to Proposal Responses)
SCENARIO. Patricia is a 20-year-old DSHP member who is twelve weeks pregnant with her second child, estranged from her family, and unstably housed. Patricia's first child was born at 34 weeks gestation. She has a history of un-prescribed Vicodin use, and a recent urine drug screen was positive for opioids. Describe how the bidder will address Patricia's immediate and longer-term needs, including planning for her anticipated postpartum needs and supporting Patricia in caring for her baby (who is born healthy).	• **Dedicated Behavioral Health Care Coordinators**: Help connect members with appropriate treatment providers and services, including sober living homes, parenting classes, Assertive Community Treatment, or intensive outpatient programs. • **Provide Member Resources**: Connect the member with community resources, such as Narcotics Anonymous groups. • **Live Peer Support Program**: Partnership with a vendor to offer OUD recovery support in person, telephonically, virtually, and encrypted text messaging. Includes live sessions attended by a board-certified physician to answer questions about MAT and physical health.

2) Trends in the Use of Prescription Opioids and MAT in the Medicaid Program

Data Sources

- We compiled Medicaid Drug Utilization Files from the Centers for Medicare and Medicaid Services (CMS) from calendar year (CY) 2013 through Q2 2023.
  - This includes prescription drug volume, unit volume, and Medicaid reimbursement (pre-rebate).
  - These files present Medicaid drug utilization at the national drug code (NDC) level by quarter for both the fee-for-service (FFS) and managed care (MCO) settings.
- We analyzed opioid and MAT data by CY from 2013 through Q2 2023.
- We identified the MAT drugs and opioids at the NDC level for categorization.

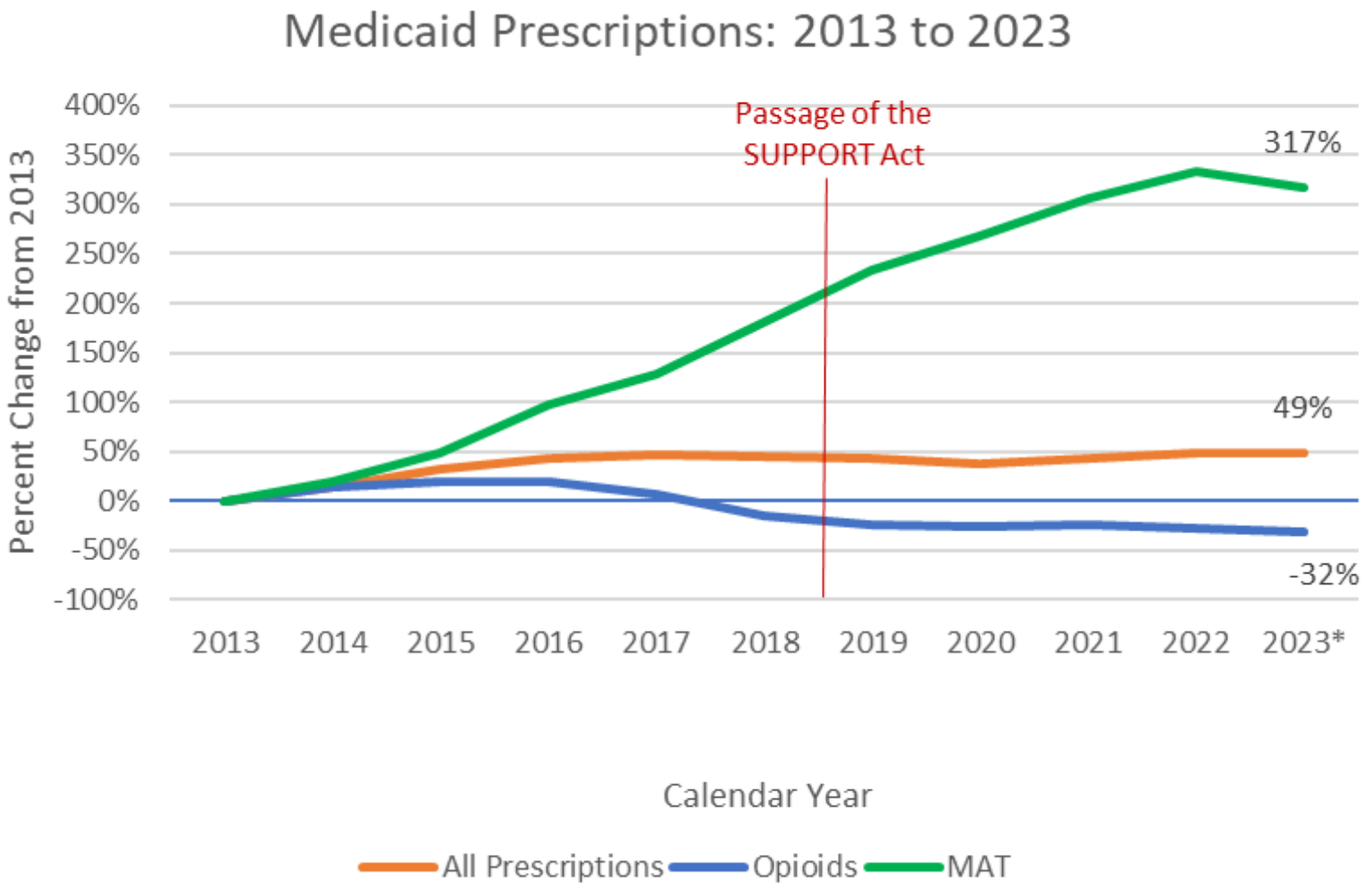
Medicaid Prescription Volume Trends, 2013 through 2023

- From 2013-2022, while overall Medicaid prescription volume **increased by 48%,** opioid prescription volume ***decreased*** **by 28%**.
- MAT volume more than **quadrupled** during this timeframe. In 2013, there were roughly 14 times as many opioid prescriptions as MAT prescriptions in Medicaid. As of 2022, opioid volume was less than three times larger than MAT volume.

Nationwide Medicaid Prescriptions	2013	2016	2019	2022	2023 (estimated)
Opioids	32,415,655	38,534,519	24,755,295	23,333,055	22,076,378
MAT	2,152,133	4,261,071	7,169,652	9,332,183	8,983,437
All Prescriptions	511,760,759	731,870,742	729,552,843	758,202,104	762,574,186
Opioid % of All Scripts	6.3%	5.3%	3.4%	3.1%	2.9%
MAT % of All Scripts	0.4%	0.6%	1.0%	1.2%	1.2%

- Medicaid opioid prescription volume **increased 19%** from 2013-2016, then **dropped sharply (by 39%)** from 2016-2022.
- Opioids represented 6.3% of all 2013 Medicaid prescriptions, but this dropped to 3.1% as of 2022.

Changes in Prescription Volume since 2013



The SUPPORT for Patients and Communities Act of 2018 addressed many aspects of the opioid epidemic, including treatment, prevention, recovery, and enforcement. It required state Medicaid programs to cover all three FDA-approved MAT medications.

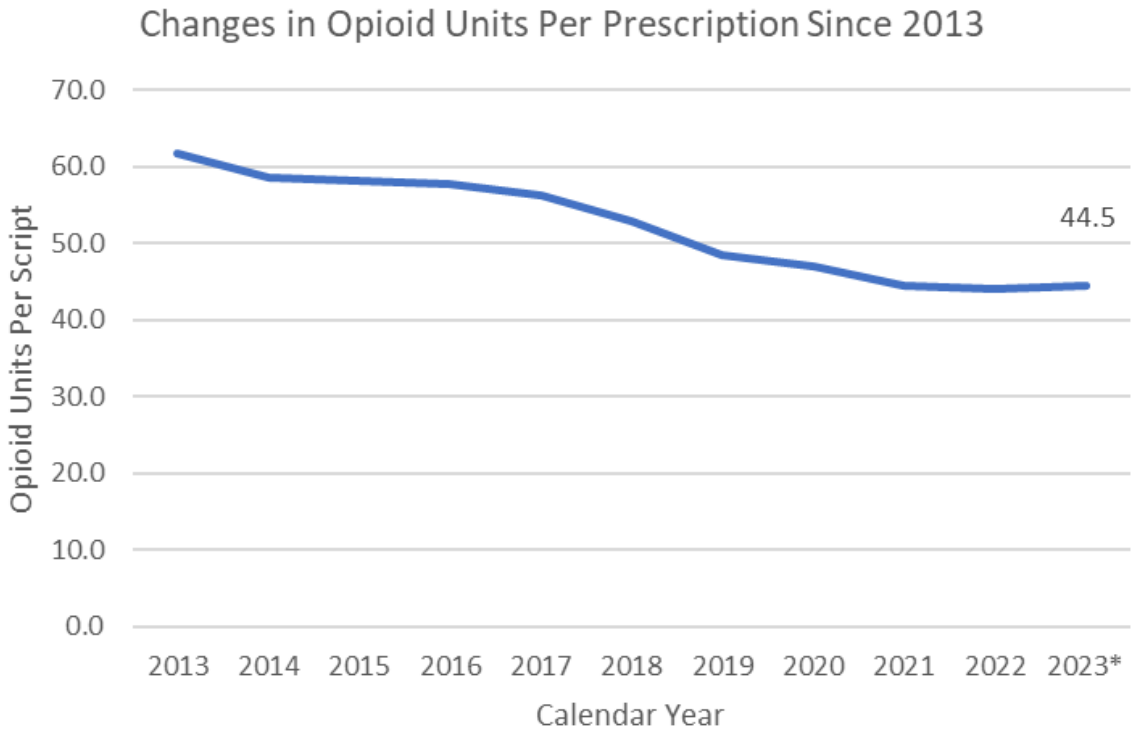
** 2023 values are estimated based on data from the first half of the year*

Medicaid Opioid Units per Prescription, 2013 through 2023

Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023 (estimated)
Nationwide Medicaid Opioid Units Per Prescription	61.6	58.6	58.2	57.8	56.2	52.8	48.4	46.9	44.4	44.0	44.5

Opioid units (i.e., pills/capsules) per prescription have steadily decreased from 61.6 in CY2013 to 44.4 in CY2021, representing a **28% decrease**.

This downward trend has turned flat from 2021-2023, however.



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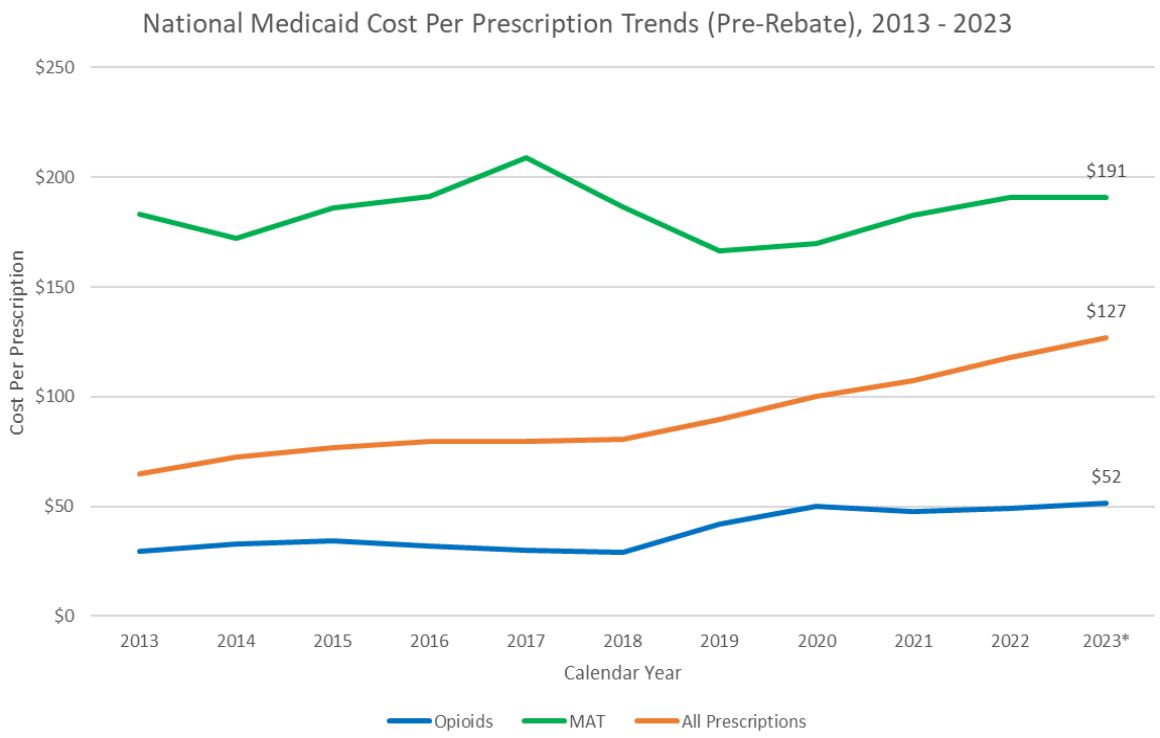
Cost Per Prescription Analysis, 2013 through 2023

National Cost per Prescription (pre-rebate)	2013	2016	2019	2022	2023 (estimated)	% Change (2013-2023)
Opioids	$29	$32	$42	$49	$52	75.1%
MAT	$183	$191	$167	$191	$191	4.2%
All Prescriptions	$65	$79	$90	$118	$127	95.1%

- While both have increased over time, costs per opioid prescription (pre-rebate) averaged $52 in 2023 – well below overall Medicaid average costs per prescription ($127).
- Costs per MAT prescription (pre-rebate) are much higher, averaging $191 during 2023, and have experienced a more volatile trend since 2013. However, the increase in MAT costs per prescription from 2013 to 2023 was much lower than overall Medicaid prescription trends (4% versus a 95% increase).



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3) Trends in the MCO Setting Versus the FFS Setting

MCO Versus FFS Dynamics Related to Prescription Drug Usage

In CY2022, there were 16 states with Medicaid prescriptions primarily paid (>95%) in the MCO setting and 11 states that had 100% of their Medicaid prescriptions paid in the FFS setting.

- Units per opioid script among the majority MCO states was at 40.4, which was **21% lower** than the FFS state grouping, at 49.7 units per script.
- The two state groupings had the **same number of opioid scripts per enrollee**, at 0.27. However, opioid units per enrollee were **24% higher** in the FFS state grouping (13.7) compared to the majority MCO state grouping (10.8).

CY 2022						
State Groupings	Opioid Units Per Script	Opioid Scripts Per Enrollee	Opioid Units Per Enrollee	MAT Scripts Per Enrollee	Opioid % of All Medicaid Prescriptions	MAT % of All Medicaid Prescriptions
Majority MCO State Prescriptions (AZ, DE, FL, HI, IA, KS, KY, LA, NE, NH, NJ, NM, PA, RI, TX, VA)	40.4	0.27	10.8	0.15	3.0%	1.7%
100% FFS State Prescriptions (AK, AL, CT, ID, ME, MO, MT, OK, SD, WI, WY)	49.7	0.27	13.7	0.22	3.3%	2.6%

- MAT scripts per enrollee were **higher** in the FFS state grouping (0.22 scripts per enrollee) compared to the majority MCO state grouping (0.15 scripts per enrollee).
- Within the majority MCO states, Opioid prescriptions as a percentage of all Medicaid scripts was **0.3 percentage points lower**, and MAT prescriptions as a percentage of all scripts was **0.9 percentage points lower** relative to the FFS state grouping.

4) Medicaid Expansion State Versus Non-Expansion State Comparison

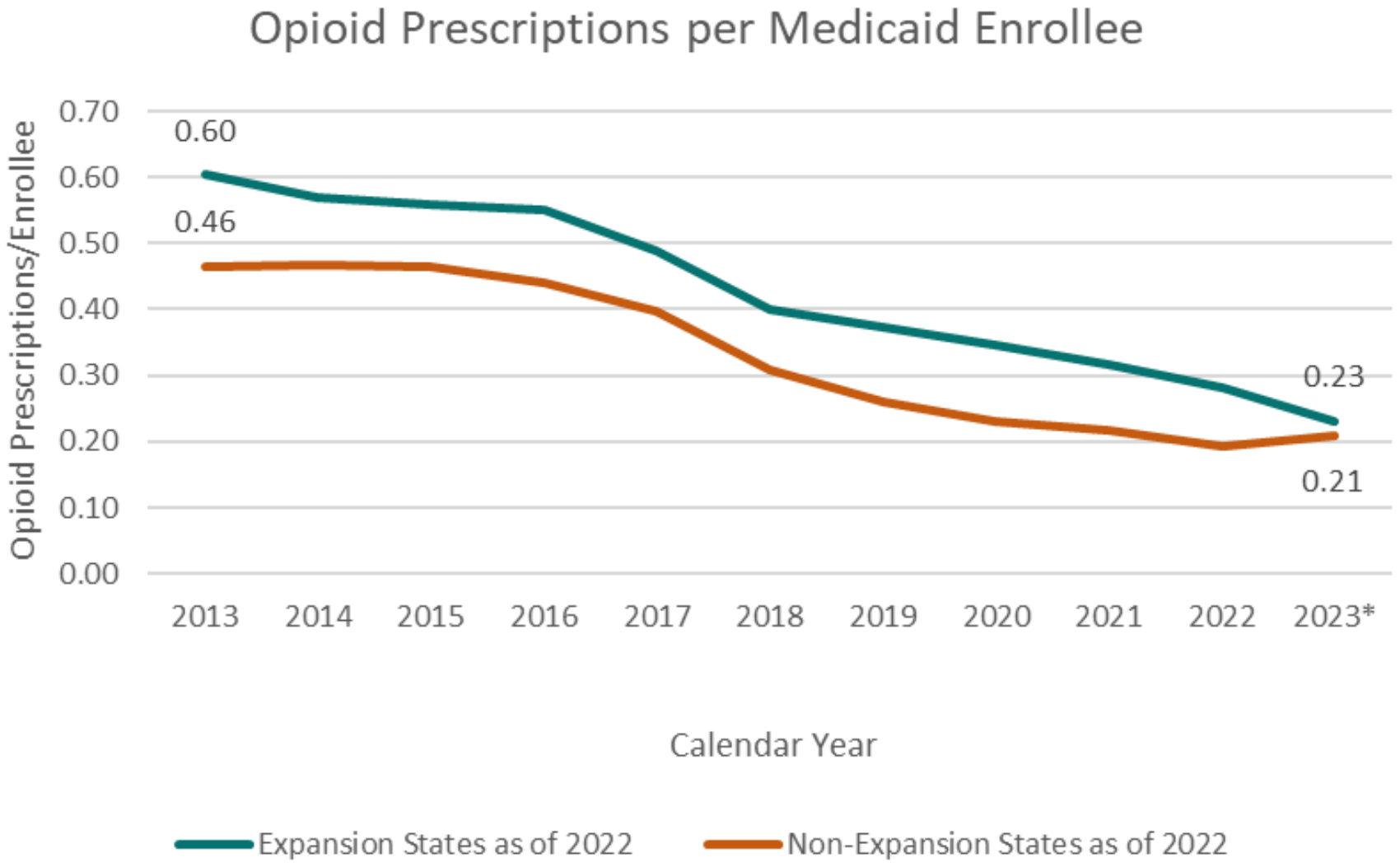
Medicaid Expansion Dynamics Related to Prescription Drug Usage

Driven by the additional adult population acquiring Medicaid coverage, prescription volume **increased sharply (51%)** in Medicaid expansion states from 2013-2022. However, a **considerable increase** also occurred in non-Expansion states **(38%)** during this timeframe.

- As of 2022, opioids made up a slightly higher percentage of all Medicaid prescriptions in Expansion states (3.2%) compared to Non-Expansion (2.8%) states.
- MAT usage during 2022 was about **three times higher** in Expansion states (versus Non-Expansion states) as a percentage of all Medicaid prescriptions.

Expansion State Prescriptions	2013	2016	2019	2022	2023 (estimated)	% Change (2013-2023)
Opioids	24,922,555	30,573,474	20,310,933	19,108,583	16,420,984	-34.11%
MAT	1,850,405	3,855,265	6,611,812	8,600,972	7,993,516	331.99%
All Medicaid Prescriptions	402,361,610	581,578,764	587,072,439	607,071,140	569,677,906	41.58%
Opioid % of All Medicaid	6.19%	5.26%	3.46%	3.15%	2.88%	-53.46%
MAT % of All Medicaid	0.46%	0.66%	1.13%	1.42%	1.40%	205.11%
Non-Expansion State Prescriptions	**2013**	**2016**	**2019**	**2022**	**2023 (estimated)**	**% Change (2013-2023)**
Opioids	7,493,100	7,961,045	4,444,362	4,224,472	4,131,672	-44.86%
MAT	301,728	405,806	557,840	731,211	774,414	156.66%
All Medicaid Prescriptions	109,399,149	150,291,978	142,480,404	151,130,964	156,904,770	43.42%
Opioid % of All Medicaid	6.85%	5.30%	3.12%	2.80%	2.63%	-61.55%
MAT % of All Medicaid	0.28%	0.27%	0.39%	0.48%	0.49%	78.95%

Opioid Prescription Volume, Adjusted for Medicaid Enrollment



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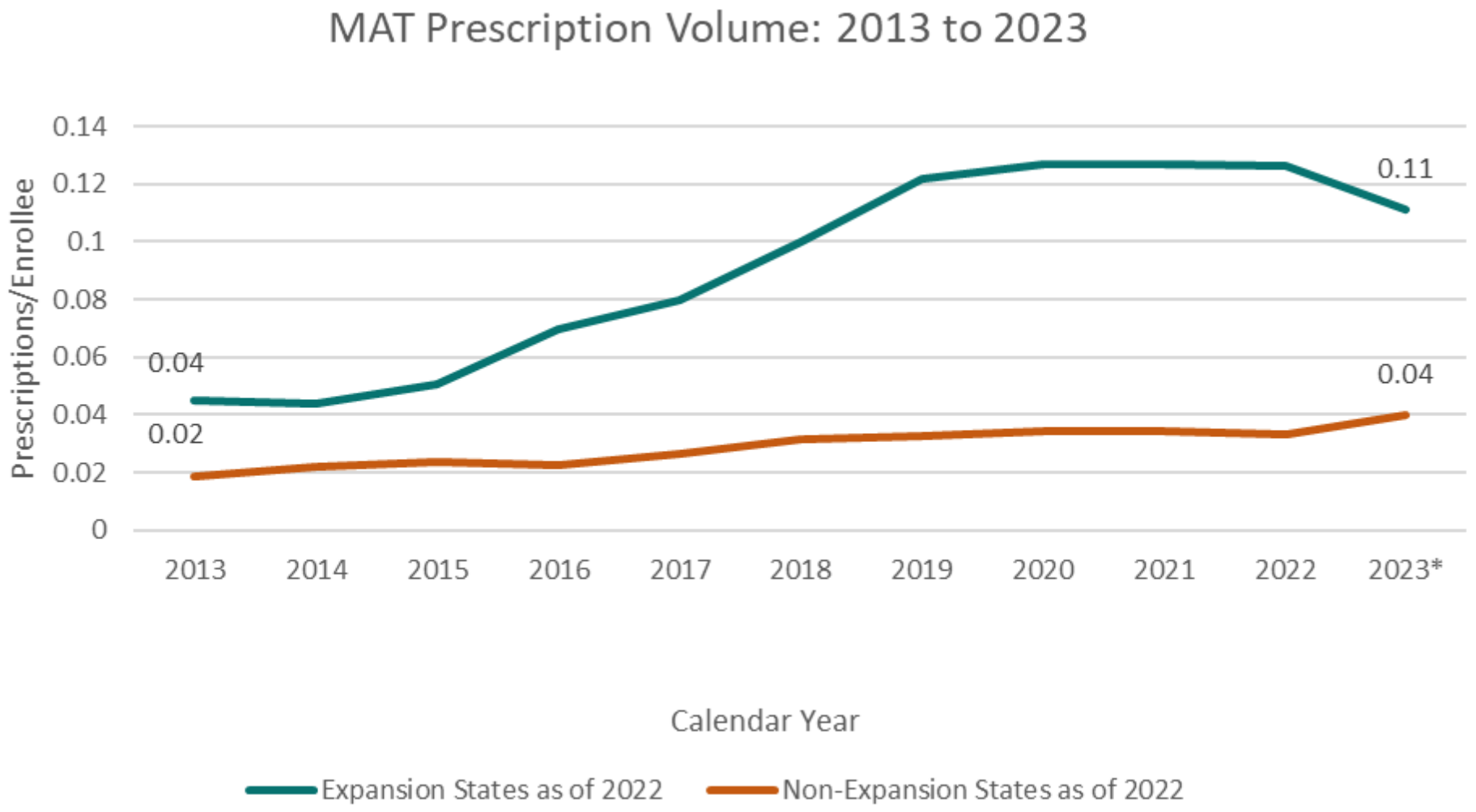
MAT Prescription Volume, Adjusted for Medicaid Enrollment



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5) Quantifying the Impact of State-Level Policy Changes on Opioid Prescription (and Unit) Volume

Analyzing the Impact of Implementing Drug Monitoring Program Requirements

- In 2019, four states implemented new Prescription Drug Monitoring Program (PDMP) requirements around prescribing opioids (GA, HI, IN, & UT).
- We tabulated the changes in opioid utilization in these states before and after the policy change, excluding UT due to the confounding effect of its Medicaid expansion in 2020.
- Opioid utilization in Georgia and Hawaii decreased more than the national trend, as expected. However, Indiana's opioid prescriptions and units per enrollee decreased less than the national trend (and raw volume actually increased in Indiana).

Medicaid Opioid Utilization	Nationwide (2018-2022)	Georgia (2018-2022)	Hawaii (2018-2022)	Indiana (2018-2022)
% Change in Prescriptions	-15.0%	-33.0%	-37.8%	31.7%
% Change in Units	-29.1%	-36.0%	-46.4%	11.2%
% Change Prescriptions/Enrollee	-31.6%	-47.8%	-51.3%	-12.5%
% Change Units/Enrollee	-43.0%	-50.1%	-58.1%	-26.1%

Green highlighting denotes figures that decreased more than the national trends.
Red highlighting denotes figures that decreased less than national trends.

Analyzing the Impact of Opioid Days Supply Restrictions

We analyzed a sample of states that implemented opioid supply limits in 2018 and tabulated opioid utilization before and after the policy implementation, compared to nationwide trends.

State	Summary of Policy	Implementation Date
Arizona	Limited opioid scripts to 5-day supply, except when following surgery (14 days)	8/3/2018
Florida	Limited opioid scripts to a 3-day supply, with exceptions for up to a 7-day supply	7/1/2018
North Carolina	Limited initial opioid scripts to 5-day supply, with exceptions for up to a 7-day supply	1/1/2018
Tennessee	Limited initial opioid scripts to 5-day supply and limited acute care patients to 30-day supply	7/1/2018

Analyzing the Impact of Opioid Days Supply Restrictions (Continued)

Medicaid Opioid Utilization	Nationwide % Change (2017-2019)	AZ % Change (2017-2019)	FL % Change (2017-2019)	NC % Change (2017-2019)	TN % Change (2017-2019)
Prescriptions	-27.7%	-38.3%	-41.8%	-39.7%	-39.6%
Units	-37.7%	-40.3%	-44.6%	-45.0%	-52.0%
Units Per Prescription	-13.8%	-3.3%	-4.8%	-8.7%	-20.6%
Prescriptions Per Enrollee	-25.9%	-37.2%	-38.2%	-38.0%	-39.7%
Units Per Enrollee	-36.1%	-39.3%	-41.2%	-43.4%	-52.2%

- Each of the four states we analyzed experienced a larger decrease in prescriptions, units, prescriptions per enrollee, and units per enrollee compared to the national trend.
- Of the four states, only TN also had a larger decrease in units per prescription than the national trend.
- These trends generally agree with our expectations – that a stricter limit on opioid days-supply would decrease the units dispensed more in these states. Somewhat surprisingly, prescriptions also decreased more in these states, making it so that units per prescription did not decrease in these states as much as they did nationwide.

Green highlighting denotes figures that decreased more than the national trends.
Red highlighting denotes figures that decreased less than national trends.

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Analyzing the Impact of Opioid Days Supply Restrictions (Cont.)

- In 2017, Indiana implemented a similar prescribing quantity limit, with the initial opioid prescription not to exceed 7 days.
- Unlike the four states from 2018, this policy change in Indiana resulted in mixed outcomes:
  - Units and units per prescription decreased more than nationwide, while prescriptions, prescriptions per enrollee, and units per enrollee decreased less than they did nationwide.

Medicaid Opioid Utilization	Nationwide % Change (2016-2018)	Indiana % Change (2016-2018)
Prescriptions	-28.8%	-28.0%
Units	-34.9%	-41.0%
Units/Prescription	-8.6%	-18.1%
Prescriptions/Enrollee	-27.6%	-17.8%
Units/Enrollee	-33.8%	-32.7%

Green highlighting denotes figures that decreased more than the national trends.
Red highlighting denotes figures that decreased less than national trends.

Summary of Key Findings

- In response to the Opioid Epidemic, Medicaid programs have considerably reduced the volume of opioids prescribed. While overall Medicaid prescription volume increased by 48% from 2013-2022, opioid prescription volume decreased by 28%, and opioid prescriptions per enrollee decreased by 54%.
- Over the last decade, Medicaid MAT prescription volume quadrupled, indicating a strong effort to combat opioid use disorder (OUD) with evidence-backed MAT.
- While opioid volume decreased at comparable rates across both state groupings, MAT prescription volume among Medicaid expansion states increased at a considerably faster rate from 2013 to 2019. After 2019, growth in MAT prescription volume per enrollee seemed to level off for both groups.
- State Medicaid Programs continue to look to MCOs as partners in decreasing the unnecessary prescribing of opioids, addressing OUD, and increasing MAT accessibility and uptake.

Thank you!

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