

Is Treatment for Opioid Use Disorder Affordable for Those Without Health Insurance?

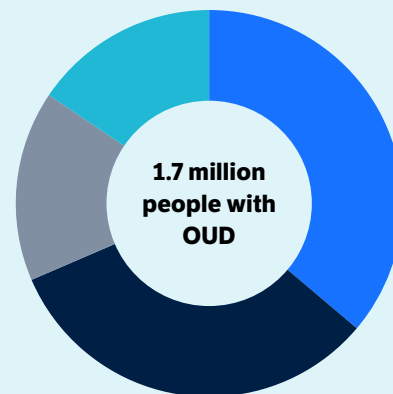
By Kristi Martin

While recent policy efforts at the state and federal levels have expanded health insurance coverage for medications for opioid use disorder (MOUD), people without such coverage may struggle to afford this treatment. An estimated one of six nonelderly adults in need of MOUD are uninsured.¹ To find care, these patients may turn to community health centers, federal public health clinics, free and charitable clinics, and state-operated treatment programs.

Because opioid use disorder is a chronic condition, treatment with MOUD is often not a one-time event or short term; treatment costs may be incurred for months or years. Recent evidence suggests that duration mediates the effectiveness of MOUD, with people who stay in treatment for 12 months to 18 months having better outcomes than those who stay in treatment for shorter periods. To pay for MOUD, those without insurance may seek out Patient Assistance Programs or drug discount cards. Yet, these resources have limitations that contribute to treatment disruptions, uncoordinated care, and high out-of-pocket costs.

Breakdown Among Those Diagnosed with OUD by Insurance Source

- Covered by Medicaid: 615,000
- Covered by private insurance: 550,000
- Uninsured: 271,000
- Covered by Medicare: 264,000



Source: National Survey of Drug Use and Health, 2019. Available at: <https://nsduhweb.rti.org/respweb/homepage.cfm>.

KEY TAKEAWAYS

1 One of six patients in need of medications for opioid use disorder (MOUD) is uninsured.

2 Uninsured patients may face high out-of-pocket costs for MOUD. The capacity of community health centers, free clinics, patient assistance programs, drug discount cards, and other resources is insufficient to meet demand.

3 Enrolling more people in subsidized private coverage or Medicaid as well as federal funding to safety-net providers and state programs could expand access to affordable MOUD services.

This issue brief provides an overview of access to three forms of MOUD — buprenorphine, buprenorphine-naloxone, and naltrexone — for individuals who are uninsured or otherwise pay out of pocket for treatment. It does not include analysis of methadone treatment because of its more limited availability through opioid treatment programs certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) compared to other forms of MOUD. In addition, the brief makes recommendations for ways to increase access to affordable MOUD services for uninsured patients and support the safety-net providers who care for them.

UNINSURED PATIENTS PAY THE MOST AMONG THOSE SEEKING MOUD

Uninsured patients typically pay the list price for prescription drugs, including MOUD. A study from the U.S. Department of Health and Human Services (HHS) **estimated the monthly costs** for uninsured patients in 2014 for buprenorphine or buprenorphine-naloxone prescriptions to be a median of \$539, not including office visits and counseling services, compared with median out-of-pocket costs of \$25 per month for commercially insured patients. Medicare and Medicaid also limit beneficiaries' cost-sharing on MOUD services. Patients' out-of-pocket costs have been identified by providers as a **barrier in accessing treatment**.

Median Monthly Costs of MOUD

Uninsured patients:



Privately insured patients:

\$25

Summary Table of Medications for Opioid Use Disorder

MOUD	Formulations	Setting	Estimated Monthly Costs Without Insurance
Buprenorphine (brand names include Probuphine, Sublocade, Brixadi)	Extended release injectable, film, patch, implant, tablet	Buprenorphine initiation may take place in an office or home setting.	<ul style="list-style-type: none"> • \$1,161–\$3,483 for injectable • \$183–\$451 for film • \$81–\$215 for patch • \$206 for implant • \$106–\$189 for tablet
Buprenorphine-naloxone (brand names include Zubsolv, Suboxone, Bunavail)	Film, tablet	Buprenorphine-naloxone initiation may take place in an office or home setting.	<ul style="list-style-type: none"> • \$112–\$518 for film • \$92–\$549 for tablet
Naltrexone (brand names include Vivitrol, Revia)	Extended release injectable, tablet	Naltrexone can be prescribed in any setting by any health care provider with the authority to prescribe medication.	<ul style="list-style-type: none"> • \$700–\$1,100 for injectable • \$25–\$60 for tablet

Source: Information was compiled from publicly available sources, including the American Society of Addiction Medicine's National Practice Guidelines for Treatment of Opioid Use Disorder, Centers for Medicare and Medicaid Services Drug Spending Dashboards, 46Brooklyn Research, and GoodRx.

OPTIONS FOR MOUD TREATMENT FOR UNINSURED PATIENTS

Increased funding for behavioral health and addiction treatment services in community health centers and other efforts targeting uninsured patients have expanded access to MOUD. Still, most programs available to uninsured patients have inadequate resources to meet demand. Beyond high costs, patients may **face challenges** in locating providers and have difficulty finding transportation and child care, among other barriers.

Community Health Centers and the 340B Program

Federally qualified health centers (FQHCs), look-alike FQHCs, Health Care for the Homeless clinics, and rural health clinics (collectively referred to as community health centers) must offer sliding-scale fees and provide services, regardless of a patient's ability to pay.² The centers are not permitted to charge any fees to patients with annual incomes at or below 100 percent of the federal poverty level (\$26,500 for a family of four) and must offer discounts based on a sliding-scale to people with income below 200 percent of the federal poverty level.

The number of community health centers providing MOUD **has increased** from 47 percent in 2018 to 64 percent in 2019. The increase can be attributed to Medicaid expansion, which bolstered health centers' finances and made them **more likely** to offer behavioral health treatment, as well as additional federal grant funding to expand mental health and substance use disorder services. Of the community health centers offering MOUD, 65 percent provided multiple forms, with buprenorphine (89 percent) and naltrexone (69 percent) being the most common. Nearly a third of community health centers cited the **high cost of providing MOUD** as a barrier to further expanding services.

Community health centers and other types of safety-net providers have access to deeply discounted prices for prescription drugs through the 340B Drug Pricing Program, which requires drug manufacturers who participate in Medicaid to provide discounts on drug prices to providers that serve a substantial proportion of low-income patients. While the discounted amounts are not public, they are thought to be significant — as much as 90 percent for certain drugs. Providers rely on these discounts to afford prescription drugs for their patients, but they are **not required** to pass on the discounted prices to patients and do not have to apply a sliding-scale fee schedule to drugs as is required for other services.

Free and Charitable Clinics

Free and charitable clinics operate through private donations. Little is known about how many such clinics offer MOUD and the costs to patients.

Although these clinics do not have access to 340B discounts, some receive donated drugs. One such organization is called Direct Relief, which distributes naloxone but does not appear to offer MOUD. Another organization, RxOutreach, is a nonprofit pharmacy that works with patients and providers. RxOutreach provides Zubsolv and Suboxone (both forms of buprenorphine/naloxone) for \$50 for a 30-day supply and naltrexone tablets for \$30 for a 30-day supply. These prices are more than 60 percent discounted from the list prices that uninsured patients might otherwise pay.

Patient Assistance Programs and Drug Discount Cards

Uninsured patients may be eligible for certain programs that can reduce their out-of-pocket costs for prescription drugs. These programs include patient assistance programs sponsored by drug manufacturers as well as independent programs. Most programs limit the discounts in some way and do not provide a reliable source of affordable MOUD. For example, a drug manufacturer may offer products on a limited basis through “free trial” vouchers. Some programs limit the quantity of drugs that can be discounted or how many of a provider’s patients can participate. Drug coupons offered by GoodRx, OptumPerks, SingleCare, and HelpRx offer discounts for some forms of MOUD to self-pay patients at the pharmacy.

Patient Assistance Programs for Uninsured Patients

Medication	Sponsor	Eligibility	Benefits
Belbuca (Buccal film, buprenorphine HCl)	BioDelivery Sciences	Commercially insured and self-pay patients	Copayment card to save up to \$100 for 3 prescriptions the 1st month then pay \$25 and save up to \$75 for 3 prescriptions the 2nd month. For months 3–12 pay \$25 and save \$75 for up to one fill.
Bunavail (Film, buprenorphine HCl/ naloxone HCl)	BioDelivery Sciences	Commercially insured and self-pay patients	For insured patients, this card covers up to \$50 for a 14-day supply (up to 28 films) and up to \$100 for a 1-month supply (29 or more films). Minimum purchase of 7 films required for each use. For self-pay patients, this card covers \$2.50 off per individual 2.1 and 4.2 m.g. film (up to 90 films or \$225 per month), and \$4.50 off per individual 6.3 m.g. film (up to 60 films or \$270 per month). Multiple fills are allowed each month up to maximums listed.
Suboxone (Film, buprenorphine HCl/ naloxone HCl)	Reckitt Benckiser	Commercially insured and self-pay patients. Income must be below 250% of the federal poverty level (FPL).	For insured patients, covers up to \$75 each month of the copayment. Limit 1 fill per month. For cash patients, covers up to \$0.96 off per individual 2 m.g. film (up to 90 films or \$86 per month), \$1.92 off per individual 4 m.g. and 8 m.g. film (up to 90 films or \$173 per month), and up to \$3.84 off per individual 12 m.g. film (up to 60 films or \$230 per month). Physicians can only have 3 patients on the program at a time. Program duration is for one year. No renewal available.
Vivitrol (naltrexone microspheres)	Alkermes	Commercially insured and self-pay patients	Covers up to \$500 per month of the copayment or deductible expenses for eligible patients.
Zubsolv (Tablet, buprenorphine HCl / naloxone HCl)	Orexo US	Commercially insured and self-pay patients. Income must be at or below 300% FPL.	For insured and self-pay patients, covers up to \$225 off each prescription. Physicians can only have one patient on the program at any one time. Program duration is for one year. No renewal available.

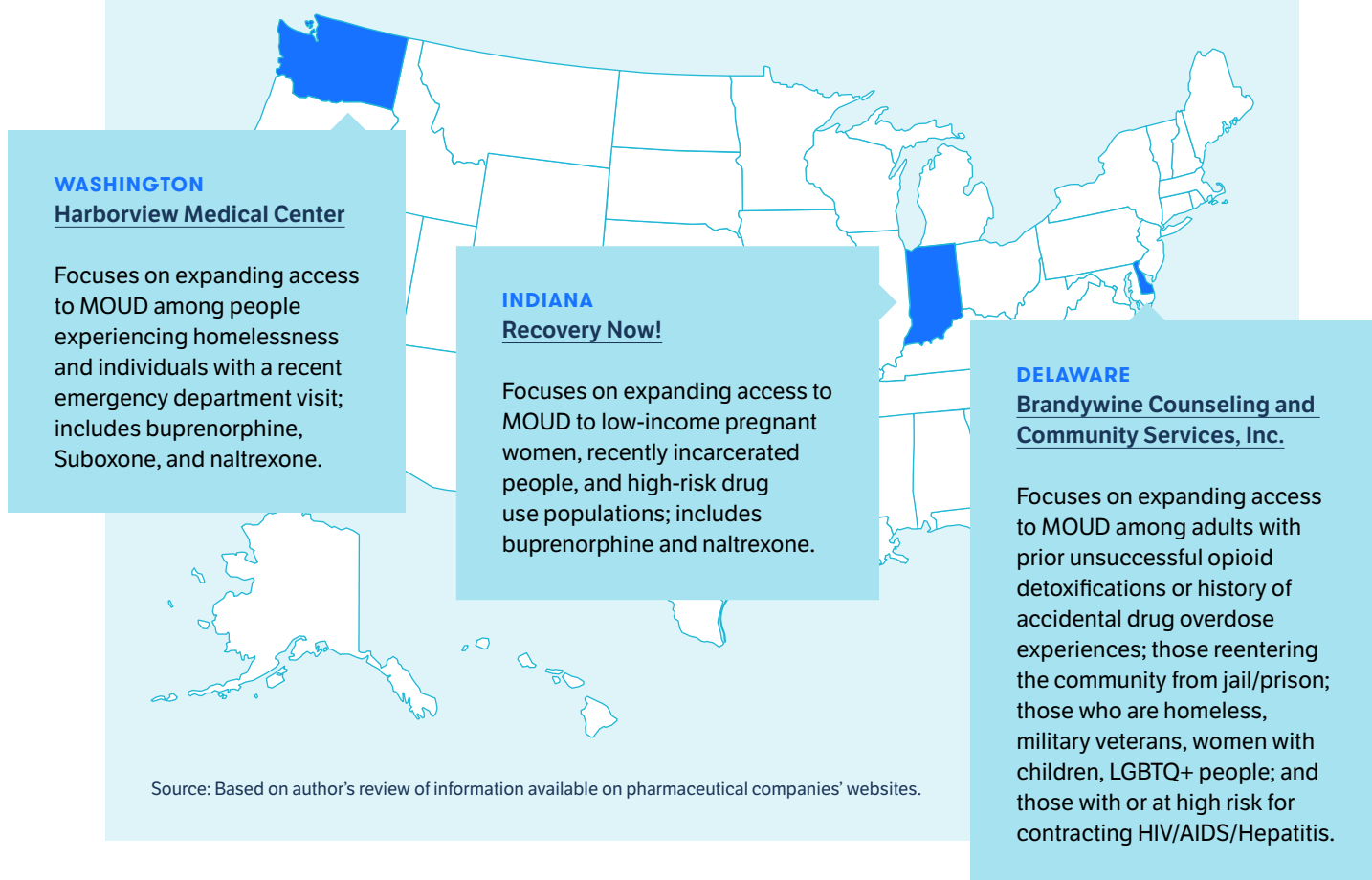
Source: Based on author’s review of information available on pharmaceutical companies’ websites.

State-Operated Programs

Some states are using State Opioid Response Grants provided by the Substance Abuse and Mental Health Services Administration to extend access to MOUD for uninsured patients. In 2018, California, Colorado, Idaho, Indiana, Louisiana, South Carolina, and Washington used this **grant funding** to do so. A review of the programs revealed a wide range of targeted populations as well as varying coverage of buprenorphine, buprenorphine/naloxone, and naltrexone. Most provided access to methadone, and several used the funding to expand capacity to offer another form of MOUD, such as Suboxone, Vivitrol, or buprenorphine. Many provide financial assistance to help patients pay for MOUD and focus on particularly high-risk populations, such as pregnant women, individuals with serious mental illnesses such as schizophrenia, currently or formerly incarcerated individuals, individuals experiencing homelessness, or veterans.

In September 2021, SAMHSA awarded **\$71.3 million in federal grants to 127 programs** seeking to expand access to medication-based treatment for prescription drug and opioid addiction. Grantees, which include states, nonprofit organizations, and American Indian tribes or tribal organizations, must provide at least one of the **medications** approved by the U.S. Food and Drug Administration in combination with comprehensive psychosocial services.

Example Programs Funded by Federal Grants to Expand Access to MOUD



POLICY IMPLICATIONS

Compared with those with private or public health insurance coverage, uninsured patients may face high out-of-pocket costs and other barriers to accessing MOUD services. The following policy changes would make MOUD more accessible and affordable for them.

Facilitate and simplify health insurance enrollment for uninsured individuals. The coverage expansions enabled by the Affordable Care Act could benefit some uninsured individuals with opioid use disorder. Policies such as **auto-enrollment and presumptive eligibility** for Medicaid or subsidized marketplace coverage could give more people access to affordable MOUD services.

Provide federal funding to public clinics and state-operated programs to expand access.

For individuals who are not eligible for subsidized private coverage or Medicaid, federal funds could help safety-net providers and state programs expand MOUD services. In particular, funds are needed to enable these programs to pay for multiple forms of MOUD, hire enough providers to meet demand, and offset the costs of providing MOUD for providers and patients. These programs have a disproportionately high number of patients in need of MOUD services and demand exceeds supply.

ENDNOTES

- 1 Based on the author's analysis of the National Survey of Drug Use and Health, 2019. Available at: <https://nsduhweb.rti.org/respweb/homepage.cfm>.
- 2 Section 330(k)(3)(G) of the Public Health Service Act.

Author

Kristi Martin, M.P.A., is a policy strategist focused on health care, drawing on her decades of experience working in the public sector, with private-sector clients, and in philanthropy. She is now the senior advisor to the Centers for Medicare and Medicaid Services deputy administrator for Medicare. She was previously the vice president for health care at Arnold Ventures where she led the philanthropy's prescription drug pricing portfolio and was the managing director of Waxman Strategies' health practice where she worked alongside Congressman Henry Waxman driving toward progressive outcomes in health policy. Martin served several years in the U.S. Department of Health and Human Services, Office of Personnel Management, and Government Accountability Office. As a senior advisor in the Obama administration's Office of Health Reform, she had primary oversight responsibility for the coordinated and timely implementation of cross-cutting departmental public health and prevention initiatives under the Affordable Care Act, including addressing the rising cost of drugs and setting up the women's preventive services initiative. Martin received her bachelor's and master's in health communication from the University of Kentucky and a master's of public administration from George Washington University.

This brief was prepared while Kristi Martin was employed at Highway 136 Consulting. The findings and recommendations expressed are the author's own and do not reflect the view of the Centers for Medicare and Medicaid Services, the Department of Health and Human Services, or the United States government.



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