OHSU Portland State University | SCHOOL OF PUBLIC HEALTH

February 15, 2018

United States Senate
Committee on Finance
Washington, DC 201510-6200

Dear Senators Hatch and Wyden:

This is a response to your request for feedback on policy solutions to address the ongoing opioid crisis. We suggest that the Committee and CMS examine how current Medicare benefit design creates barriers for Medicare beneficiaries with opioid use disorder (OUD) trying to access evidence-based opioid agonist therapy (OAT). OAT includes methadone, buprenorphine, and buprenorphine/naloxone; and further, to consider changes to existing coverage policies to improve access and quality of treatment for persons with OUD.

Coverage, and ultimately access, to evidence-based OAT for Medicare beneficiaries is dependent on the specific type of OAT; whether the OAT is administered (oral methadone, depot buprenorphine, or implanted buprenorphine) or prescribed (oral buprenorphine/naloxone); and the beneficiary's use of traditional Medicare (Parts A/B) or Medicare Advantage plans (Part C) or Pharmacy plans (Part D).

At present, CMS requires that Part D formularies include OUD treatment, and mandate that Part C Medicare Advantage plans cover behavioral health services related to addiction services; however, the only Food & Drug Administration (FDA) approved OAT that meets the definition of a Part D drug (i.e., a drug dispensed upon prescription) is oral buprenorphine/naloxone.

However, if oral buprenorphine/naloxone is dispensed or administered in an opioid treatment program (OTP) it will not be reimbursed, because an OTP is not a pharmacy, which is a requirement for reimbursement through the Part D program. Similar barriers exist for accessing methadone, because methadone is by law required to be administered in an OTP (42 CFR 8.12) it is not a qualified product under the Part D program.

Further, access issues for oral buprenorphine/naloxone include that Part D and Part C sponsors may employ step-therapy (authorization of less expensive and less effective behavioral or pharmacological therapies prior to the allowed use of oral buprenorphine/naloxone) or stringent prior authorization requirements.

What are some of the potential policy solutions? Legislators are actively trying to address OAT Medicare coverage barriers. On October 23, 2017, H.R.4097 - Medicare Beneficiary Opioid Addiction Treatment Act was introduced by Representative Richard Neal [D-MA] proposing an amendment to title XVIII of the Social Security Act to require coverage of methadone under Part B.

Additional legislative activities that the Committee could consider to expand access to evidence-based OAT for Medicare beneficiaries include:

- To require Part C plans to include OAT on the formulary.
- To amend the Part C and Part D regulations to allow OAT without step-therapy or prior authorization.
- To amend the Part D rules to include OTPs to allow for the coverage of OAT administration at these facilities.

Thank you for your consideration.

Sincerely,

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