

# Study examines opioid agonist therapy use in Medicare patients

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Few Medicare enrollees appear to be receiving buprenorphine-naloxone, the only opioid agonist therapy for opioid addiction available through Medicare Part D prescription drug coverage, according to a study published online by *JAMA Psychiatry*.

Opioid overdose rates reached record highs in 2014. The Medicare population has among the highest and fastest growing prevalence of opioid use disorder, with more than 6 of every 1,000 [patients](#) (an estimated 300,000 of 55 million) diagnosed. Opioid agonist therapy (OAT), including buprenorphine-naloxone and methadone, is the most effective drug therapy for opioid addiction. Medicare Part D does not pay for methadone maintenance therapy so buprenorphine-naloxone is the only Medicare covered option for patients addicted to opioids. Part D covers 68 percent of the roughly 55 million people on Medicare.

Anna Lembke, M.D., and Jonathan H. Chen, M.D., Ph.D., of the Stanford University School of Medicine, California, examined 2013 Medicare Part D claims data from individual prescribers.

The authors identified 6,707 prescribers with 486,099 claims for buprenorphine-naloxone, which were written for about 81,000 patients, according to the results.

The data suggests that:

- For every 40 family practice physicians who prescribed an [opioid painkiller](#), only one family practice physician prescribed buprenorphine-naloxone.
- Pain physicians averaged a negligible number of buprenorphine-naloxone prescriptions per prescriber (mostly less than five) while averaging thousands of opioid prescriptions.
- Prescribers with a primary specialty in addiction medicine prescribed the most

buprenorphine-naloxone with nearly 99 claims per year per prescriber.

Authors note the data do not necessarily completely reflect clinician practices or patient factors.

"Approximately 81,000 Medicare enrollees are receiving buprenorphine-naloxone therapy (the only OAT available through Medicare part D) despite more than 300,000 Medicare patients estimated to be struggling with an opioid use disorder and 211,200 per year requiring hospitalization for opioid overuse. We believe this reflects a significant treatment gap, although we are limited in providing precise estimates; not all patients with an opioid use disorder warrant OAT but, on the other hand, [opioid](#) disorders are systematically underdiagnosed and increasing in prevalence," the study concludes.

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