Review of Naloxone Access Law Enactment and Utilization of Naloxone in State Medicaid Populations from 2013 through 2017

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Background

- Opioid overdose deaths rate continue to rise
  - The opioid overdose death rate per 100,000 increased by 6.6 over the study period (Figure 1)
- As part of overall opioid overdose prevention, states have enacted naloxone access laws (NAL) to expand access to naloxone
- Naloxone is an opioid antagonist that acts to reverse opioid overdoses by blocking the binding of opioids at the mu receptors
- Identifying utilization trends for naloxone claims in relation to NAL enactment by payer type (fee-for-service (FFS) or managed Medicaid (MCO)) could assist policy makers with future decisions on coverage and access to naloxone for their population

![Figure 1. Mean Opioid Overdose Crude Death Rate by Year](image)

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Objectives

- The objective of this study was to review Naloxone Access Law (NAL) enactment in conjunction with the number of naloxone claims reimbursed through Medicaid by payer type.

Methods

- Primary data sources used for this study were:
  - NAL dates and law types were compiled from the Prescription Drug Abuse Policy System
  - Where state specific data was reported, naloxone prescription counts and costs were aggregated by quarter and by payer type
  - Trends in naloxone prescription counts, naloxone reimbursement costs, and reimbursement per prescription for each quarter were reviewed

![Trends in naloxone prescription counts, naloxone reimbursement costs, and reimbursement per prescription for each quarter](image)

Results

- Naloxone utilization has increased each year with the greatest increase starting in 2015 (corresponding with the largest number of new law enactments)
- In 2016, the amount Medicaid spent on naloxone sharply increased from an average of $181.03 per claim in quarter 4 (Q4) of 2015 to an average of $593.00 per claim in Q1 of 2016
- While the rate of increase in naloxone claims was similar for both FFS and MCOs, MCOs averaged 100 more claims per quarter

![Naloxone Utilization Trend From 2013 to 2017 by Payer Type](image)

Naloxone Reimbursement Trend From 2013 to 2017 by Payer Type

- By 2017, every state had passed a NAL with specifications varying by state
  - Some states allow for third-party prescriptions
  - Pharmacy dispensing without a written prescription is allowed in:
    - 44 states by standing order
    - 14 states by per-protocol orders
    - 7 states have pharmacist prescriptive authority

Limitations

- This study did not account for changes in coverage criteria for naloxone products
- This data does not account for public health programs that distribute naloxone or commercially insured patients
- Data was suppressed if the claim count for a NAL was less than 11, which may cause lower reported numbers for utilization compared to actual utilization for some states
- Enrollment values for each payer type were not accounted for within the comparison for MCO and FFS
- Rebates are not accounted for in the reimbursement values or the cost per claim

Conclusions

- This study shows that the passage of NALs led to an increase in the number of claims for naloxone dispensed in the Medicaid population
- Increased naloxone claims mean an increase in access for Medicaid members for this life saving drug
- Additional research on the types of laws and the association with number of naloxone claims is underway
- Further research into the relation of naloxone claims and overdose death rates is needed

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