ASAM-TRI Review of Medications for Treatment of Opioid Addiction

Effectiveness and Cost-Effectiveness

The Review:

1. Pub Med, Psych Info and Google Scholar databases searched – Emphasis on post 2005
2. Campbell methods – 2 independent reviewers
3. Results

   a) Effectiveness

      642 candidate articles = 75 analyzed

   b) Cost-Effectiveness

      362 candidate articles = 20 analyzed

Outcomes Expected:

1. Patient engagement & retention
2. Reduction of opioid use
3. Reduction of non-opioid drug use
4. Reduction of opioid-related health and social problems (HIV, Crime, Unemployment)

Methadone & Buprenorphine Results:

Significant Benefits/Effectiveness Shown:

- Engaging and retaining patients
- Reducing opioid use &
- Reducing related health/social problems

Side Effects:

- Abuse/diversion
- Overdose incidents and deaths with methadone

Oral and XR-Naltrexone Results:

Benefits/Effectiveness

- Reducing/eliminating opioid use
- Reducing opioid related health/social problems

Side Effects

- Oral naltrexone has significant withdrawal effects if administered <72 hours following detoxification

Caveats :

1. Meds have little effect on non-opioid substance use
   a) Naltrexone-alcohol an exception

2. Medication effects *often* enhanced with good health/social supports

Caveats :

3. Medication benefits only shown for maintenance – NOT for detoxification
   a) Source of public disappointment
   b) BUT – All 3 medications very effective in maintenance care

Cost Review Results:

1. **Methadone** = Cost-effective on all measures relative to non-medicated treatment
2. **Buprenorphine** = Fewer economic studies than for Methadone – but encouraging results thus far
3. **Naltrexone** = Only one economic evaluation XR-Nx was cost-effective relative to counseling alone
    a) Oral naltrexone studies less relevant

Underutilization:

1. ~30% of addiction treatment programs offer medications for opioid dependence
   a) <50% patients receive medications

So why Aren't Addiction Medications Used?

1. **Maybe they aren't attractive to Patients?**
   a) **Methadone and Buprenorphine – definitely NO – waiting lists in many cities**
   b) **Naltrexone – Likely, esp. oral naltrexone**
2. **Maybe they aren't effective?**
   a) ***Definitely NO***

So why Aren't Addiction Medications Used?

1. **Maybe they cost too much?**
   a) **Methadone cost/ month = ~$40**
   b) **Buprenorphine cost/month = ~ $140**
   c) **XR Naltrexone cost/month = ~$700**
   d) **Insulin cost/month = $~200**

So why Aren't Addiction Medications Used?

1. **Maybe they aren't covered by insurance?**
   a) **Nope - >90% coverage most plans**
   b) **Most are Tier 2 or 3 pharmacy benefits**
   c) **Many plans offer guidelines, training and incentives – <u>but mostly to PCPs</u>**

…Why Aren't Addiction Medications Used

1. **Other Reasons:**

a) Physician Availability and Training

b) Official and de-facto Regulations (e.g. Fail First, dosing, duration restrictions

c) Specialty Care Limitations - ideology

d) Patient/Employer Demand

Conclusions:

1. All medications are FDA approved (methadone*)
    a) Hundreds of effectiveness studies
2. All medications have demonstrated modest or better cost effectiveness in maintenance
3. No evidence for effectiveness in detoxification
4. All medications are under-utilized –many reasons
    a) Primary care may become an exception

Treatment Research Institute

www.tresearch.org

215-399-0980

ASAM The Voice of Addiction Medicine
American Society of Addiction Medicine

Cost Review:

1. **Cost-Effectiveness** = Relative cost per unit of effectiveness. –
   a) e.g. 10% reduction in drug use for methadone + counseling vs counseling only
2. **Cost-Benefit** = Total dollar costs to deliver an intervention divided by the total benefits realized expressed in dollars
3. **Cost-Offset** = Savings from an intervention – Costs of that intervention