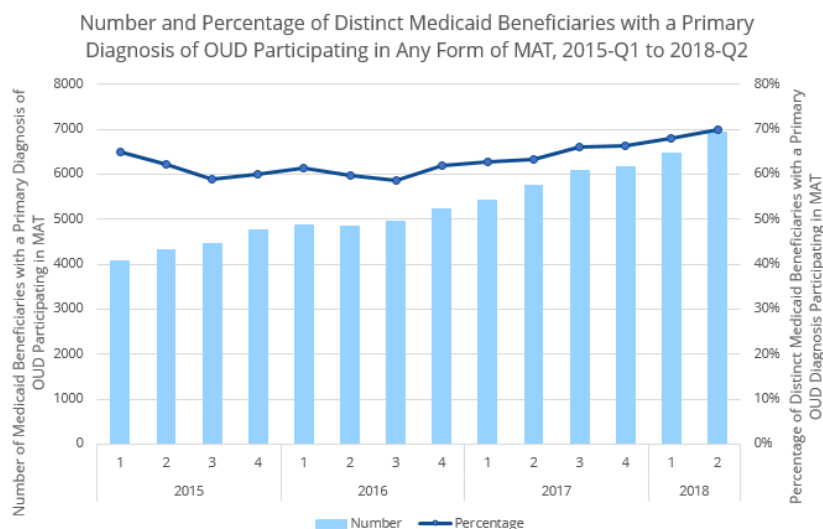




Medication Assisted Treatment among Medicaid Beneficiaries in Philadelphia

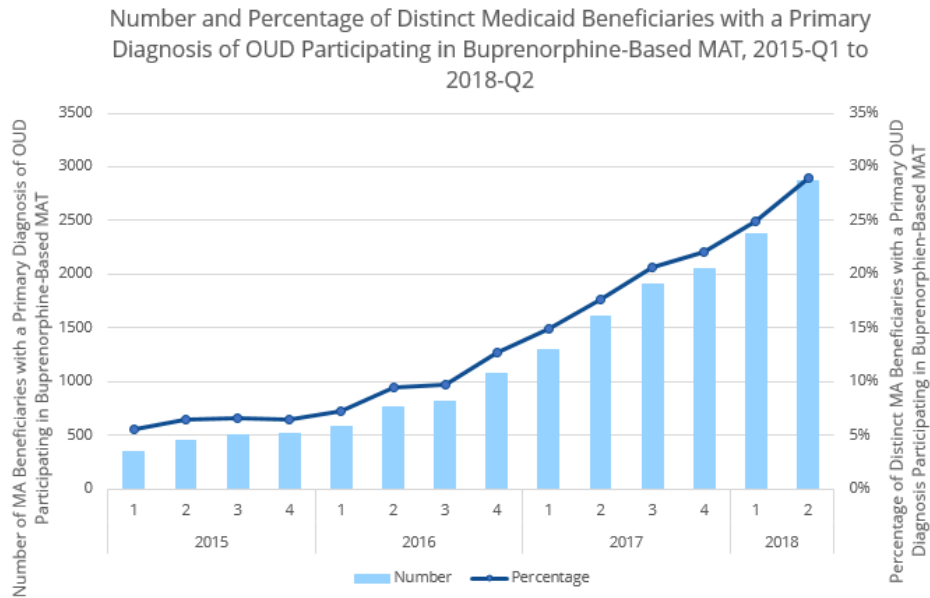
Medication assisted treatment (MAT) is an effective evidence-based strategy to treat opioid use disorder (OUD) and prevent overdose.¹ Currently, there are three FDA-approved medications to treat OUD, which include methadone, buprenorphine, and naltrexone. Methadone is dispensed daily in specialty regulated clinics. It prevents withdrawal for those taking it, but it does not block the effect of other opioids. Buprenorphine can be dispensed in office-based settings and blocks the effects of other opioids while reducing risk of withdrawal. The dosage form can be as a dissolving tablet, a cheek film, an implant under the skin, or a monthly injection. Naltrexone is given as a monthly injection and blocks the effects of other opioids. This issue of CHART examines trends in MAT prescribing with a specific focus on buprenorphine among Medicaid beneficiaries with a primary diagnosis of OUD in Philadelphia between the ages of 18 and 64 years.

The number of Medicaid beneficiaries participating in MAT is increasing



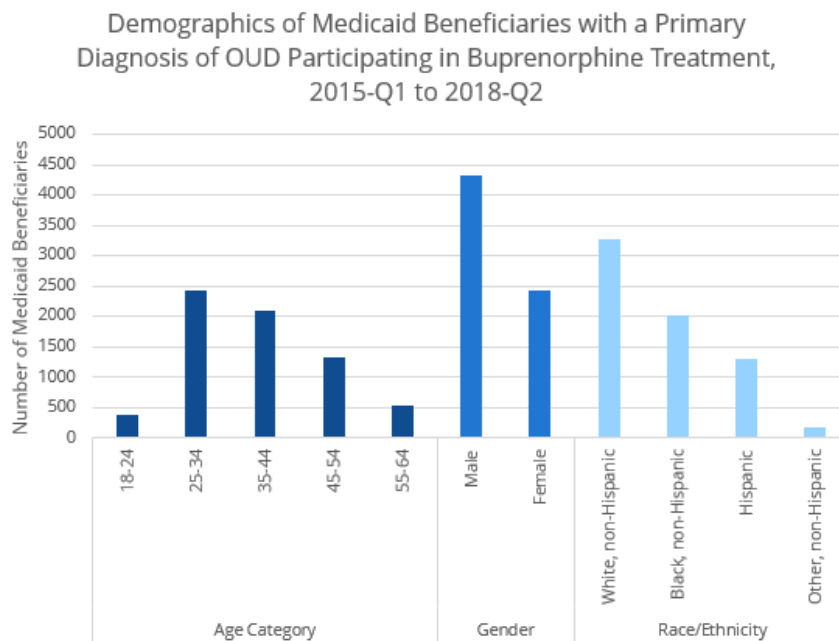
- From January 2015 through June 2018, the number of Medicaid beneficiaries participating in any form of MAT has increased from approximately 4,000 to nearly 7,000 per quarter.
- This rise is in part related to an increased number of people enrolled in Medicaid because of the Affordable Care Act. However, the percentage of Medicaid beneficiaries with OUD getting MAT has also increased, from 65% in the first quarter of 2015 to 70% in the second quarter of 2018.

Most of the increase is in use of buprenorphine



- The number of Medicaid beneficiaries receiving buprenorphine increased eight-fold, from fewer than 350 in the first quarter of 2015 to more than 2,800 in the second quarter of 2018.
- During the same time, the percentage of beneficiaries with OUD receiving buprenorphine increased from 6% to 29%.

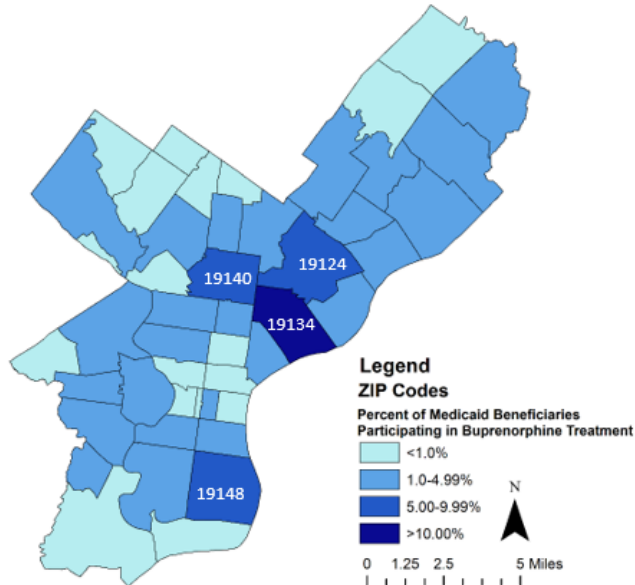
Medicaid beneficiaries participating in buprenorphine treatment are diverse



- Medicaid beneficiaries with a primary diagnosis of OUD receiving buprenorphine prescriptions ranged in age, included both men and women, and people of all racial/ethnic groups.

Buprenorphine recipients live throughout Philadelphia

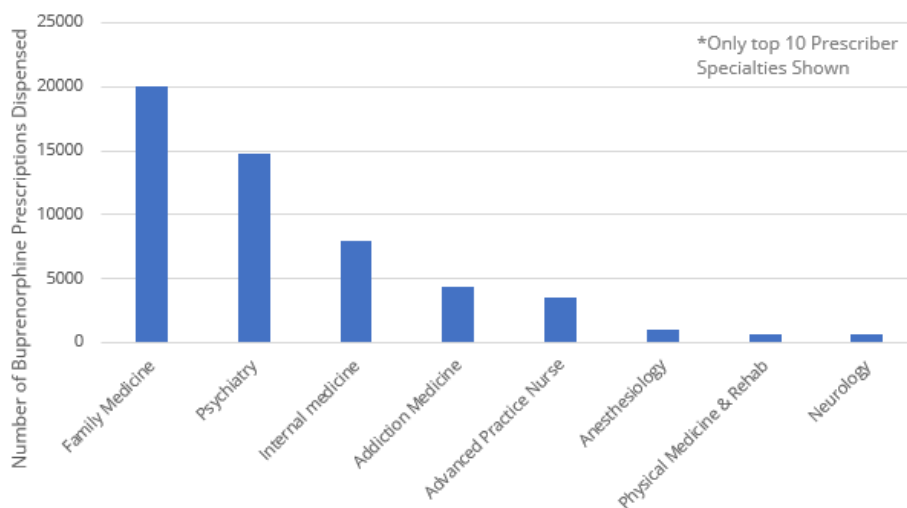
Geographic Distribution of Medicaid Beneficiaries with a Primary Diagnosis of OUD Participating in Buprenorphine Treatment by ZIP Code, 2015-Q1 to 2018-Q2



- While Medicaid beneficiaries in nearly every zip code received buprenorphine, the highest proportion lived in the Kensington ZIP codes of 19134 (16%) and 19124 (8%), the Upper North Philadelphia ZIP code of 19140 (6%) and the South Philadelphia ZIP code of 19148 (5%).

Family medicine physicians and psychiatrists prescribe buprenorphine the most

Number of Buprenorphine Prescriptions Dispensed to Medicaid Beneficiaries with a Primary OUD Diagnosis by Prescriber's Primary Specialty*, 2015-Q1 to 2018-Q2



- Prescribers with a primary specialty of family medicine wrote the most buprenorphine prescriptions dispensed to Medicaid beneficiaries, followed by prescribers with a primary specialty of psychiatry.

What can be done

The City of Philadelphia is:

- Expanding buprenorphine prescribing capacity throughout the city.
- Providing technical assistance to providers who are interested in prescribing buprenorphine.
- Providing treatment with buprenorphine to people in the Philadelphia jail system, with referrals to drug treatment programs when they are released.

Health care providers can:

- Recommend that individuals with opioid use disorder begin medication assisted treatment.
- [Receive training and obtain a waiver](#) to prescribe buprenorphine in an outpatient setting.
- Begin buprenorphine medication assisted treatment in hospital emergency departments. While a waiver is required for writing outpatient prescriptions, providers working in emergency departments do not need a waiver to administer buprenorphine daily for up to 3 days for the purpose of treating withdrawal and initiating treatment.

People can:

- Begin medication assisted treatment, if you are dependent on opioid pills, heroin, or fentanyl.
- Encourage others who are dependent on opioids to seek medication assisted treatment and help them find treatment providers.

Resources

- Information on medication assisted treatment: <https://www.samhsa.gov/medication-assisted-treatment;www.dbhids.org/MAT>
- Drug treatment referrals and education: <http://dbhids.org/addiction-services/> or 1-888-545-2600

Citations

1. Carroll JJ, Green TC, Noonan RK. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

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