

Effective medications for opioid use disorder rarely used

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Most individuals diagnosed with opioid use disorder are not on

recommended medications and even fewer remain in care, according to a research letter published today in *JAMA Internal Medicine* by lead author Ashley Leech, Ph.D., assistant professor in the Department of Health Policy at Vanderbilt University Medical Center (VUMC).

In 2021, there were more than 100,000 [overdose deaths](#) in the United States, with the highest rates among those ages 25-54.

Just 22% of the 40,000 individuals with [opioid use disorder](#) studied by VUMC researchers continuously used buprenorphine for a full year. And among those who discontinued, many were on the medication for just over a month, which is markedly below recommended levels, the authors said.

"Treatment with medications like buprenorphine is safe and highly effective, reducing risk of countless adverse outcomes including overdose death," said senior author Stephen Patrick, MD, MPH, director Center for Child Health Policy at VUMC. "Nationwide, far too few people with opioid use disorder receive any form of pharmacotherapy and even fewer remain in care."

Out-of-pocket costs for medication are one factor, according to Leech.

The study's findings suggest that the higher the cost of a patient's initial buprenorphine fill, the higher the likelihood of discontinuing the medication even though the study showed that [out-of-pocket costs](#) for buprenorphine decreased over time.

Those facing the highest daily costs (\$4.28-\$25) had a 34% higher risk of discontinuing their treatment compared to those in the lowest cost quartile (\$0-\$0.71), though some patients had an even higher out-of-pocket cost of up to \$98.

"Cost is a barrier to use," Leech said. "If buprenorphine was added to a federal list of clinically approved, preventive services like the Affordable Care Act's preventive drug list, which mandates [private insurance](#) plans to cover recommended [preventive services](#) without patient cost-sharing, patients wouldn't have to pay for it."

"If adding buprenorphine to that list were to happen, it could be a huge opportunity to alleviate the lasting effects of the ongoing opioid crisis, including the billions of dollars per year spent on overdose-related hospital costs and other health care expenditures," she said.

VUMC researchers now plan to do further studies among the most vulnerable patient groups to identify strategies to not only ensure people access treatment but also stay in [treatment](#) over time.

More information: Ashley Leech et al, Buprenorphine Out-of-Pocket Costs and Discontinuation in Privately Insured Adults With Opioid Use Disorder, *JAMA Internal Medicine* (2023).

Provided by Vanderbilt University Medical Center

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