



BUPRENORPHINE-MEDICATION ASSISTED THERAPY: A FULL ECONOMIC ANALYSIS OF HEALTH PLAN DATA

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Background/Objective

Buprenorphine (Bup) medication assisted therapy (B-MAT) is an effective treatment for opioid dependence (OD), but its cost-benefit is unclear. This study estimated cost-benefit of B-MAT from the payor perspective.

Methods

A pre-post case matched time series analysis of 2 groups (1. Bup fill and 2. none) were analyzed over time. Data were claims (Q4 2005 to Q3 2008) from a large MCO of members with a diagnosis of OD. A within subjects Poisson model was used to regress patient characteristics onto six service utilization count measures and a within subjects MANCOVA was used to analyze service cost measures.

Results

After controlling for demographics, Medicaid status, and health status, Group 1 had more Rx fills (4.72, $P=0.005$), MD visits (0.75; $P=0.005$), but fewer admissions (0.15; $P=0.012$), hospital days (1.61; $P=0.002$), ER visits (0.28; $P=0.004$), and outpatient hospital visits (0.12; $P=0.001$). Group 1 had higher Rx (\$1,119; $P=0.010$) and MD costs (\$134; $P=0.007$), but lower inpatient (\$2,436; $P=0.016$), and outpatient (\$777; $P=0.008$) hospital costs. Overall, Group 1 had lower costs (\$12,985, $P=0.000$). Utilization of costly services and costs decreased over time and the interaction terms indicate that B-MAT patients drive most of the decreases.

Conclusions

Though B-MAT patients incur higher pharmacy and office visit costs, they use fewer expensive health care services in other areas, resulting in an overall positive cost-benefit conclusion. Further, the longer that patients are on B-MAT the lower their cost is overall compared to non-B-MAT patients.

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