

# Addiction and Psychotropic Medication Cost-Reducing Strategies

## Pharmacy Collaboration:

1. Purchase buprenorphine and naltrexone from a wholesale pharmacy distributor (Besse Medical is an example) by negotiating further price reductions when applicable.
2. Work with pharmacies to find the most affordable medications, including specialty compounds.
3. Explore option of buying frequently prescribed medications in bulk while working with pharmacies to manage the storage and dispensing.
4. Distribute requests or collect bids for medication costs from multiple pharmacies.
5. Utilize pharmacies with \$4.00 medications (i.e. Schnucks, Walmart, etc.).
6. RxOutreach, **non-profit** mail order pharmacy that have some very creative programs. Unlike many patient-assistance programs, RxOutreach have some generic medications available at some of the best prices and don't care if a patient has any other insurance or coverage. <https://rxoutreach.org/>

## Lab Costs:

1. Explore option of negotiating volume-based costs for desired panel of tests (Quest Labs has done this).
2. Some drug screening companies will provide same or reduced price of Medicaid/Medicare lab costs or waive fees for non-Medicaid consumers if they are also receiving Medicaid reimbursable lab work.
3. Educate prescriber/s on the need to amend cost by limiting lab requests to basic panels when applicable to medication for addiction treatment. *(DBH hopes to put out a guide about appropriate labs to request given different medications/conditions, but that may be awhile. However, ARCA has offered their documents outlining clinical guidance – their Medical Director, Dr. Fred Rottnek, submitted these.)*
4. Some providers have reported cost-effective success with LabCorp.

## Prescribing Practices:

1. Primarily use generic medications – there are exceptions, such as the MO HealthNet negotiated rebates that could make name brand cheaper.

2. When clinically appropriate, consider converting patient/s prescribed Vivitrol to oral naltrexone and implement a protocol comparable to buprenorphine protocol pertaining to new or high-risk individuals receiving weekly drug screens and medication counts for an established period before transitioning to monthly drug screens and medication count.
3. Use least expensive delivery route (i.e. BUP/Naloxone tablets over strips).
4. Prescribe a full prescription but arrange for the facility or pharmacy to dispense the medication on a weekly or bi-weekly basis. This process can lower medication cost along with decreasing the risk of diversion or lost medication.
5. TIP: Name brand Suboxone films are covered by Medicaid/Medicare but make sure to mark on the prescription "Dispense as Written" or DAW, which will save the pharmacy and patients' time.

#### Additional Prescribing Information

1. Appendix B: Standing Orders (ARCA Document)
2. Appendix C: Responsible Prescribing (ARCA Document)

#### Patient Options:

1. Encourage patients to self-pay or income-based or partial payment systems for medications (lower cost meds, partial refills, etc).
2. Assist patients in finding a coupon or other pharmaceutical company discount.

#### Practitioner Practices:

1. Utilize NPs and PAs when clinically appropriate for patient follow-up appointments since reimbursement rate for delivery of service is less costly than a physician.
2. Provider/s coach and utilize other appropriate staff to decrease patient's frequency of visits once patient is established (Peers and RNs).
3. Order urine drug screens (UDS) only when clinically appropriate.
  - a. Clinical examples include:
    - i. Joe Smith has tested positive for BUP and marijuana at every visit. Joe states he is going to continue to smoke marijuana. Joe denies using any other drugs, which was confirmed on previous urine drug screenings. There is no point to order a UDS if the provider is simply going to reorder the same buprenorphine dose.
    - ii. Jane Smith is receiving her third Vivitrol injection. Jane's first two injections worked, on time for her third injection appointment, and denies

any illicit drug use. According to Jane's case, there is no point in doing another UDS, unless there are other clinical signs that the patient may be using drugs other than opioids.

Additional Practitioner Practice Information

1. Appendix A: Medication Protocols and Guidelines (ARCA Document)
2. Appendix D: Letter to patients about Generics (ARCA Document)
3. Appendix E: Appropriate Use of Drug Testing in Clinic

Partner Agency Collaboration:

1. Collaborate and coordinate with partner agencies that will meet patient's identified needs (FQHC, specialty services, and community resources).