

Department of Health and Human Services
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DATA BRIEF

April 2025 | OEI-02-24-00430

Fewer than One in Five Medicare Enrollees Received Medication to Treat Their Opioid Use Disorder



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Why OIG Did This Review

- Combatting the overdose crisis continues to be a National priority.
- In alignment with the mission of the Department of Health and Human Services to enhance the health and well-being of all Americans, [CMS](#) plays an important role in ensuring Medicare enrollees have access to medications for the treatment of opioid use disorder and opioid overdose-reversal drugs.
- This report provides data to help CMS and other decision makers target efforts to further combat the overdose crisis.

What OIG Found

- Opioid **overdoses** among Medicare enrollees **increased slightly** in 2023 to 53,000.
- With the buprenorphine waiver repealed, **more providers ordered buprenorphine** for Medicare enrollees in 2023 than in 2022.
- Despite the increase in the number of providers ordering buprenorphine, **fewer than one in five** Medicare enrollees received any **medication to treat their opioid use disorder**.
- **Differences persist** among enrollees receiving **medication** for their opioid use disorder, including by State; three States—Florida, Texas, and Nevada—had particularly low percentages of enrollees receiving medication.
- More than 750,000 Medicare enrollees received opioid **overdose-reversal drugs** through Part D in 2023, a **record high**. Virtually all received **naloxone**.
- However, with the most commonly dispensed form of **naloxone now available over the counter**, Medicare enrollees are losing Part D coverage of this form of naloxone, which could lead to **higher out-of-pocket costs**.

What OIG Concludes

These findings show a continued need for CMS to work to ensure access to both medications for opioid use disorder and opioid overdose-reversal drugs. OIG encourages CMS to implement recommendations we previously made related to these topics.

FINDINGS

Opioid overdoses among Medicare Part D enrollees increased slightly in 2023, to 53,000

In 2023, about 53,000 Medicare Part D enrollees experienced an opioid-related overdose.¹ This is the number of Part D enrollees who received medical care for an opioid overdose, such as in an emergency department, that was billed to Medicare.² These overdoses represent non-fatal and fatal events.

Overdoses occur when high doses of opioids—alone or in combination with other substances—cause breathing to slow to dangerous levels or to stop altogether. Most fatal opioid-related overdoses nationwide involve synthetic opioids, such as illicit fentanyl.³

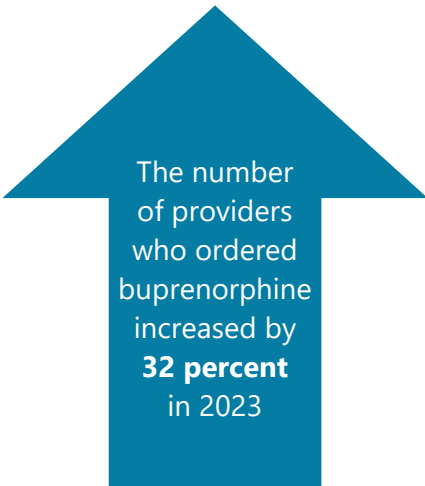
The number of Part D enrollees who experienced an opioid-related overdose was slightly higher in 2023 compared to 2022. It grew by 3 percent.⁴ See Appendix A for more information about enrollees who experienced an overdose.

With the buprenorphine waiver repealed, more providers ordered buprenorphine for Medicare enrollees in 2023 than in 2022

Buprenorphine is one of three medications approved by the FDA for the treatment of opioid use disorder and is the most common medication for opioid use disorder in Medicare. It has been shown to decrease illicit opioid use and overdose deaths and can help lead people to lasting recovery.

In 2023, a total 58,357 providers ordered buprenorphine for enrollees through Medicare Part D. This total represents a 32-percent increase from 2022 and was markedly higher than increases in recent years. Between 2020 and 2022, the number of providers ordering buprenorphine through Part D increased 12 percent each year. The larger increase in providers in 2023 may be due to the repeal of the buprenorphine waiver requirement.

As of December 2022, buprenorphine can be prescribed or administered by any provider who is able to order Schedule III controlled substances (in accordance with State law).⁵ Before then, providers were required to obtain a waiver from the Substance Abuse and Mental Health Administration to prescribe or administer buprenorphine in office-based settings and



The number of providers who ordered buprenorphine increased by **32 percent** in 2023

were limited in the number of patients they could treat.⁶ This requirement was repealed in December 2022.⁷

Despite the increase in the number of providers ordering buprenorphine, fewer than one in five Medicare enrollees received any medication to treat their opioid use disorder

Although the number of providers ordering buprenorphine for Medicare enrollees increased by over 30 percent in 2023, fewer than one in five Medicare enrollees with opioid use disorder received any medication to treat their condition in 2023. This percentage is similar to past years.

In 2023, about 1.2 million Medicare enrollees had a diagnosis of opioid use disorder.⁸ Yet just 229,993 of these enrollees—18.7 percent—received medication for opioid use disorder.⁹ See Appendix B for information about enrollees with a diagnosis of opioid use disorder.

This percentage is similar to that for 2022, when 18.4 percent of enrollees with opioid use disorder received medication. It also represents several years of minimal growth: in 2021, 17.7 percent of enrollees received medication; in 2020, 15.9 percent of enrollees did so. See Exhibit 1.

Exhibit 1: The percentage of Medicare enrollees with opioid use disorder receiving medications has only marginally increased since 2020



Source: OIG analysis of Medicare data, 2024.

The low percentage of enrollees receiving medications for their opioid use disorder continues to raise concern. It may indicate that enrollees are facing ongoing challenges accessing treatment.

These challenges may be due to a variety of reasons. For instance, some enrollees may have trouble accessing providers willing to prescribe medication. Provider stigma around both opioid use disorder and medications for opioid use disorder may be contributing to these challenges.¹⁰ This stigma may make it less likely for individuals to seek treatment and for providers to choose to provide treatment.

Enrollees may also be facing challenges continuing treatment. A recent OIG report found that just 40 percent of Medicare enrollees who started buprenorphine for

opioid use disorder continued treatment for at least 6 months.¹¹ It is important for enrollees to stay in treatment for as long as appropriate, as continuing treatment for opioid use disorder is associated with improved outcomes, including reduced risk of both overdose-related and overall mortality.

Enrollees with opioid use disorder most commonly received buprenorphine.

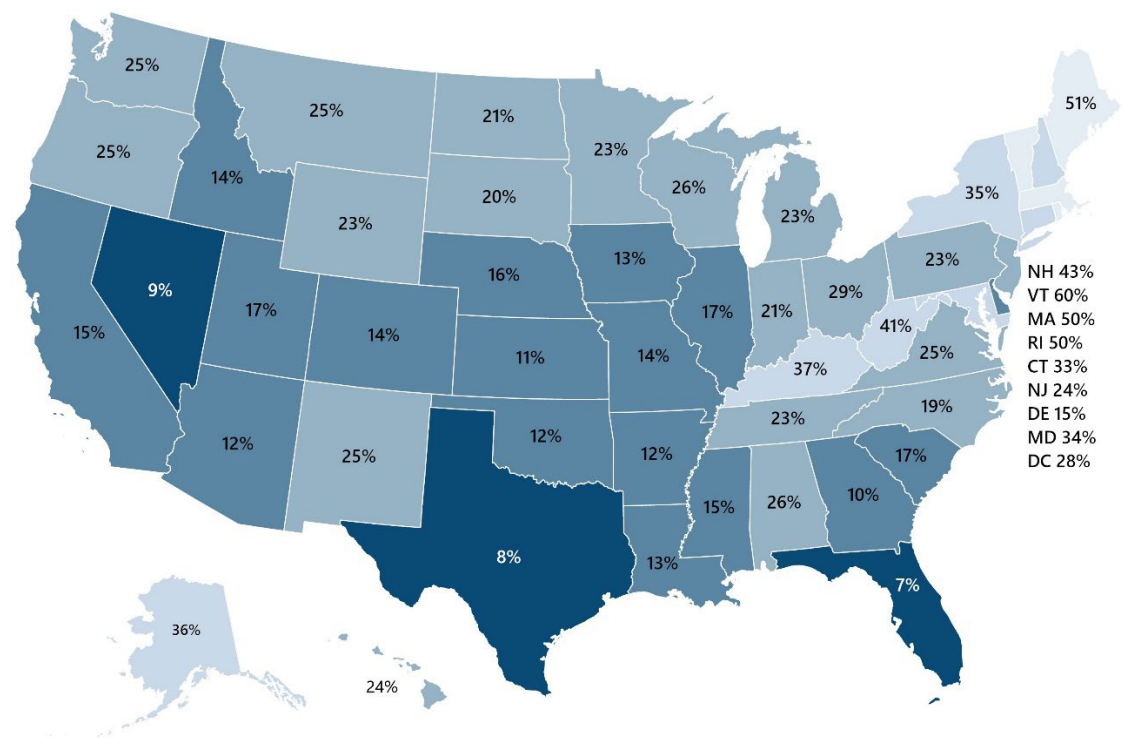
A total of 13 percent of the 1.2 million Medicare enrollees with opioid use disorder received buprenorphine.¹² The vast majority of these enrollees received buprenorphine in office-based settings.¹³ Less commonly, enrollees with opioid use disorder received methadone or naltrexone. See Appendix C.

Differences persist among enrollees receiving medication for their opioid use disorder

As in past years, certain groups of enrollees with opioid use disorder remain less likely to receive treatment than other groups in 2023.

Medicare enrollees in Florida, Texas, and Nevada continue to be the least likely to receive medication for their opioid use disorder. In 2023, the percentage of enrollees receiving medication to treat their opioid use disorder by State varied widely—ranging from 7 percent to 60 percent. See Exhibit 2 and Appendix D.

Exhibit 2: Less than 10 percent of Medicare enrollees in Florida, Texas, and Nevada received medication for their opioid use disorder



Source: OIG analysis of Medicare data, 2024.

Three States had particularly low percentages of enrollees receiving medication to treat their opioid use disorder: Florida (7 percent), Texas (8 percent) and Nevada (9 percent).

Medicare enrollees who did not receive the low-income subsidy; those aged 65 years and older; and female enrollees continue to be less likely to receive medication for their opioid use disorder. This was similar to the situation in 2022.¹⁴ See Exhibit 3.

Enrollees who did not receive the low-income subsidy were more than two times less likely to receive medication than enrollees with the subsidy. Specifically, 26 percent of enrollees receiving the Part D low-income subsidy—also known as Extra Help—received medication for opioid use disorder in 2023, while just 10 percent of enrollees without the subsidy received medication.¹⁵

At the same time, older enrollees—i.e., those aged 65 and above—were also less likely to receive medication to treat their opioid use disorder than were those under the age of 65. In 2023, 12 percent of older enrollees received medication, compared to 30 percent of enrollees under the age of 65.¹⁶

Female enrollees also remained less likely to receive medication to treat their opioid use disorder. In total, 15 percent of female enrollees received medication to treat their opioid use disorder in 2023, compared to 23 percent of male enrollees.¹⁷

Exhibit 3: Certain groups of enrollees continue to be less likely to receive medication for their opioid use disorder than others

Enrollees **without the low-income subsidy** were less likely to receive medication than enrollees **with the subsidy**



Enrollees **aged 65 and older** were less likely to receive medication than enrollees **under the age of 65**



Female enrollees were less likely to receive medication than **male** enrollees



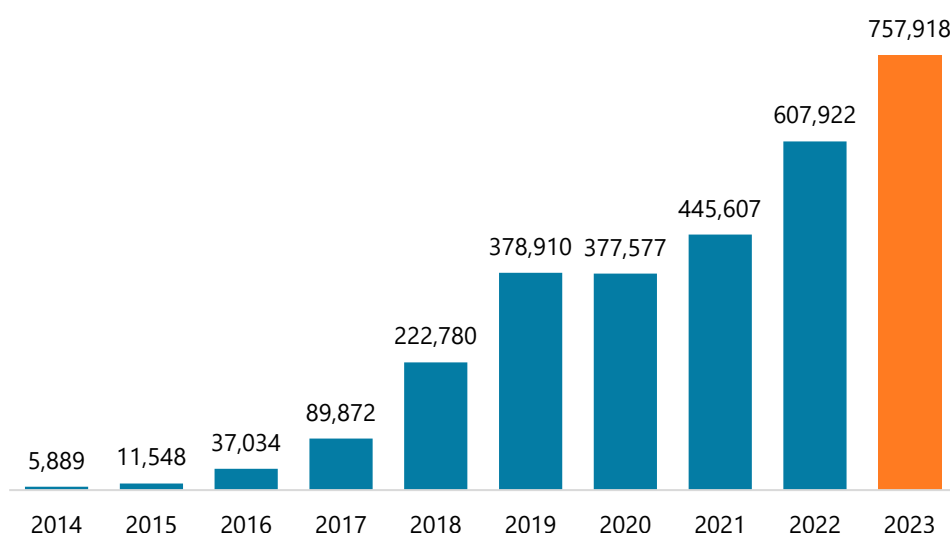
Source: OIG analysis of Medicare claims data, 2024.

More than 750,000 enrollees received opioid overdose-reversal drugs through Part D in 2023, a record high

In 2023, the number of enrollees who received an overdose-reversal drug through Medicare Part D reached an all-time high. These medications can reverse the effects of an opioid overdose. Overdoses occur when high doses of opioids—alone or in combination with other substances—cause breathing to slow to dangerous levels or to stop altogether. When opioid overdose-reversal drugs are administered in a timely fashion, they save lives by blocking the effects of opioids and helping to restore normal breathing.

The vast majority of enrollees who received an overdose-reversal drug in 2023 received naloxone. In total, 757,918 enrollees received naloxone through Part D in 2023. This represents a 25-percent increase from 2022 and continues an upward trend that has occurred in every year since 2014, except for 2020. See Exhibit 4. Also see Appendix E for information about enrollees who received naloxone.

Exhibit 4: More than 750,000 enrollees received naloxone through Medicare Part D in 2023



Source: OIG analysis of Medicare Prescription Drug Event records, 2024.

Over this same period, just three enrollees received an alternative opioid overdose-reversal drug—nalmefene—through Part D. Nalmefene, sold under the name Opvee, was approved by the Food and Drug Administration in May 2023.¹⁸

Medicare enrollees are losing Part D coverage of Narcan and its generic equivalents, which could lead to higher out-of-pocket costs

In 2023, the most commonly dispensed versions of naloxone were the brand-name drug Narcan and its generic equivalents (i.e., 4 mg naloxone nasal sprays). A total of 97 percent of the naloxone dispensed through Part D in 2023 was Narcan or a generic equivalent.¹⁹

However, Part D coverage of Narcan and its generic equivalents is ending, as Narcan became available over the counter in September 2023.²⁰ As a result, Narcan will no longer be covered by Medicare Part D.²¹ Federal law prohibits Medicare Part D from covering over-the-counter medications under most circumstances.²²

Narcan's change to over-the-counter status also impacts its generic equivalents.²³ After a period of transition, generic 4 mg naloxone nasal sprays will also no longer be covered by Part D. As this transition occurs, existing inventory of Narcan and its generic equivalents labeled as prescription only will continue to be covered by Part D, but only until inventory runs out.

Without Part D coverage, enrollees—especially those receiving the Part D low-income subsidy—will likely face higher out-of-pocket costs for Narcan because they will pay the full cost of the medication rather than a portion of the cost (e.g., cost-sharing). In 2023, enrollees with the low-income subsidy paid an average of just over \$1 in cost-sharing for Narcan and its generic equivalents through Part D.²⁴

CONCLUSION

As part of efforts to combat the overdose crisis in our Nation, it is essential that people who need them have access to medications for opioid use disorder and to opioid overdose-reversal drugs.

CMS, the Department, and Congress have taken a number of actions to increase access to medication for opioid use disorder.²⁵ For example, in late December 2022, legislation was signed into law that lifted certain Federal restrictions and repealed the waiver on the prescribing of buprenorphine.²⁶ Our findings show that, following this change, the number of providers ordering buprenorphine for Medicare enrollees increased by over 30 percent.

Despite these increases, fewer than one in five Medicare enrollees received medication to treat their opioid use disorder in 2023. This percentage is similar to those for past years and may indicate that enrollees are facing ongoing challenges accessing treatment.

At the same time, the number of enrollees receiving opioid overdose-reversal drugs through Medicare Part D reached an all-time high in 2023, surpassing 750,000 enrollees. This is an important step in ensuring that all Medicare enrollees who need it have access to these potentially life-saving medications. However, Part D coverage is ending for the most commonly dispensed form of naloxone, as it is now available over the counter. As a result, enrollee out-of-pocket costs for these drugs will likely increase, which may hinder access. Given the life-saving nature of this medication, CMS may want to consider seeking the statutory authority needed to expand Medicare Part D coverage to include over-the-counter opioid overdose-reversal drugs.²⁷

The findings of this report show a continued need for CMS to work to ensure access to these medications and provide further support for prior OIG recommendations. We encourage CMS to continue to work toward implementing our previous recommendations to (1) conduct additional outreach to beneficiaries about Medicare coverage for the treatment of opioid use disorder; and (2) educate enrollees and providers about options for access to overdose-reversal drugs, as Narcan and its generic equivalents will no longer be covered by Part D.

METHODOLOGY

We based this study primarily on five data sources: Medicare Part D Prescription Drug Event (PDE) records, First Databank MedKnowledge, the Medicare Enrollment Database, the National Claims History File, and Part C Encounter Data.

PDE records are for prescriptions that people enrolled in Medicare received through Part D. They do not include prescriptions paid for through other programs, prescriptions paid for in cash, or illicitly purchased drugs. Part D sponsors submit a PDE record to CMS each time a drug is dispensed to an enrollee in their plans. Each record contains information about the drug and enrollee, as well as the identification numbers for the pharmacy and the prescriber. For the purposes of this study, we use the term “prescription” to mean one PDE record.

To obtain descriptive information about drugs and enrollees, we matched PDE records to data from the First Databank, the National Claims History File, and Part C Encounter Data. The First Databank contains information about each drug, such as the drug name, strength of the drug, and therapeutic class. The National Claims History File contains claims data from Medicare Parts A and B, including diagnosis codes and prescribed medications. Part C Encounter Data contain medical claims data, including diagnosis codes and prescribed medications, for Medicare Advantage plan enrollees.

Analysis of Opioid Overdoses

To determine the number of people enrolled in Part D who had an opioid overdose in 2023, we used inpatient and outpatient (including professional) claims data from the National Claims History File and Part C Encounter Data. We considered an enrollee to have had an overdose if the enrollee had at least one claim from Medicare Part A, B, or C with a diagnosis of an opioid poisoning from prescription or illicit opioids in 2023.

Characteristics of Medicare Part D enrollees who experienced an opioid overdose. Next, we determined each enrollee’s age, dual-eligibility status, Part D low-income subsidy status, Medicare enrollment type (i.e., fee-for-service or Medicare Advantage), and sex.

Analysis of Providers Ordering Buprenorphine for Medicare Enrollees

We identified all Part D prescriptions of buprenorphine for the treatment of opioid use disorder and counted the annual number of prescribers from 2020 to 2023. We then calculated the percentage change between each year.

Analysis of Medicare Enrollees Receiving Medication to Treat Their Opioid Use Disorder

Next, we used Medicare Parts A and B Claims Data and Part C Encounter Data to determine which Medicare enrollees had a diagnosis of opioid use disorder in their 2023 claims. We considered enrollees to have opioid use disorder if they had a diagnosis code categorized as “opioid abuse” (F11.1) or “opioid dependence” (F11.2) on any claim during 2023.

We then determined the extent to which these enrollees received medication to treat their opioid use disorder in outpatient settings through Medicare in 2023.

Medications approved for the treatment of opioid use disorder include buprenorphine, methadone, and naltrexone. This analysis included only medications indicated for the treatment of opioid use disorder.

Prescription Drug Event Records. We first used the PDE records to identify the number of enrollees who filled prescriptions for medications for opioid use disorder at pharmacies in 2023. Drugs filled at pharmacies are covered by Part D. They may be covered by standalone prescription drug plans (PDPs) or prescription drug plans that are part of Medicare Advantage plans (MA-PDs).

Medicare Claims and Part C Encounter Data. We then used Medicare Part B Claims Data and Part C Encounter Data to identify the number of enrollees who were prescribed medications for opioid use disorder through opioid treatment programs or in a provider’s office.

Characteristics of Medicare Enrollees Receiving Medication to Treat Their Opioid Use Disorder

We determined key characteristics of the Medicare enrollees who were less likely to receive medication to treat their opioid use disorder. To do this, we used the Medicare Enrollment Database file.

We first determined the percentage of enrollees in each State who received medication to treat their opioid use disorder. Next, we determined each enrollee’s age, dual-eligibility status, Part D low-income subsidy status, Medicare enrollment type (i.e., fee-for-service or Medicare Advantage), and sex.

Next, we determined the extent to which enrollees received medication to treat their opioid use disorder by these characteristics.

Analysis of Trends in Part D for Opioid Overdose-Reversal Drugs

Next, we identified all Part D prescriptions for overdose-reversal drugs. In 2023, two opioid overdose-reversal drugs were approved by the FDA: nalmefene and naloxone. We first calculated the total number of Part D enrollees who received each of these drugs. Because nalmefene was uncommon in 2023, the remainder of our analysis

focused on naloxone. We calculated the total number of enrollees and the number of prescriptions for naloxone from 2014 to 2023. We also calculated the average enrollee cost-sharing per prescription by naloxone labels (i.e., Narcan brand and generic equivalent versions).

Characteristics of Medicare Part D enrollees who received naloxone. Next, we determined each enrollee's age, dual-eligibility status, Part D low-income subsidy status, Medicare enrollment type (i.e., fee-for-service or Medicare Advantage), age, and sex.

Limitations

This analysis is based on Medicare claims data. It is not based on a review of medical records. The analysis does not include data on opioids, medications for opioid use disorder, or naloxone that enrollees may have received from sources other than Medicare.

Standards

We conducted this study in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

APPENDIX A

Characteristics of Part D Enrollees Who Experienced an Opioid Overdose in 2023*

	Medicare Part D Enrollees With an Opioid-Related Overdose	Percentage of All Medicare Part D Enrollees With an Opioid-Related Overdose
All	53,165	100%
Age Group		
<65	24,288	46%
65+	28,877	54%
Disabled		
Yes	25,184	47%
No	27,981	53%
Dual-Eligible		
Yes	35,734	67%
No	17,431	33%
Geography		
Urban	46,116	87%
Rural	7,049	13%
Medicare Advantage		
Yes	36,332	68%
No	16,833	32%
Part D Low-Income Subsidy		
With	37,946	71%
Without	15,219	29%
Sex		
Female	25,968	49%
Male	27,197	51%

* This is the number of Part D enrollees who received medical care for an opioid overdose that was billed to Medicare. It includes both fatal and non-fatal overdoses.

Source: OIG analysis of Medicare data, 2024.

APPENDIX B

Characteristics of Medicare Enrollees With a Diagnosis of Opioid Use Disorder in 2023

	People Enrolled in Medicare With Opioid Use Disorder	Percentage of All People Enrolled in Medicare With Opioid Use Disorder
All	1,228,930	100%
Age Group		
<65	457,428	37%
65+	771,502	63%
Disabled		
Yes	482,698	39%
No	746,232	61%
Dual-Eligible		
Yes	635,705	52%
No	593,225	48%
Geography		
Urban	1,042,268	85%
Rural	186,662	15%
Medicare Advantage		
Yes	847,831	69%
No	381,099	31%
Part D Low-Income Subsidy		
With	690,814	56%
Without	538,116	44%
Sex		
Female	688,954	56%
Male	539,976	44%

Source: OIG analysis of Medicare data, 2024.

APPENDIX C

Medication and Setting in Which Medicare Enrollees Received Medications for Opioid Use Disorder in 2023

Percentage of the 1.2 Million Medicare Enrollees With Opioid Use Disorder by Medication and Setting			
	Office-Based	Opioid Treatment Program	Total*
Buprenorphine	13%	<1%	13%
Methadone	-	6%	6%
Naltrexone	<1%	<1%	<1%
Total*	13%	6%	19%

* Percentages do not sum to totals because of rounding; some enrollees received multiple medications, and some enrollees received medication from both settings.
Source: OIG analysis of Medicare data, 2024.

APPENDIX D

State Data about Medicare Enrollees Who Receive Medication to Treat Their Opioid Use Disorder, 2023

	Number of Enrollees With Opioid Use Disorder	Percentage of Enrollees Who Received Medication		Number of Enrollees With Opioid Use Disorder	Percentage of Enrollees Who Received Medication
Florida	168,508	7%	Wyoming	910	23%
Texas	93,969	8%	Tennessee	36,676	23%
Nevada	16,298	9%	Pennsylvania	56,657	23%
Georgia	38,748	10%	Michigan	38,579	23%
Kansas	6,381	11%	Hawaii	2,555	24%
Oklahoma	24,715	12%	New Jersey	27,197	24%
Arizona	35,428	12%	Virginia	23,300	25%
Arkansas	14,573	12%	Montana	2,857	25%
Iowa	5,193	13%	New Mexico	10,127	25%
Louisiana	25,822	13%	Washington	30,447	25%
Idaho	7,356	14%	Oregon	17,939	25%
Colorado	18,579	14%	Alabama	23,381	26%
Missouri	20,367	14%	Wisconsin	12,969	26%
Mississippi	13,314	15%	District of Columbia	2,801	28%
Delaware	7,365	15%	Ohio	35,463	29%
California	117,995	15%	Connecticut	13,959	33%
Nebraska	3,538	16%	Maryland	21,927	34%
Utah	12,324	17%	New York	46,029	35%
Illinois	25,269	17%	Alaska	1,466	36%
South Carolina	18,597	17%	Kentucky	22,436	37%
Nation	1,228,930	19%	West Virginia	8,322	41%
North Carolina	43,995	19%	New Hampshire	5,843	43%
South Dakota	834	20%	Massachusetts	27,733	50%
North Dakota	1,101	21%	Rhode Island	4,157	50%
Indiana	24,914	21%	Maine	6,043	51%
Minnesota	14,871	23%	Vermont	2,519	60%

Source: OIG analysis of Medicare Part D data, 2024.

APPENDIX E

Characteristics of Enrollees With a Naloxone Prescription through Part D in 2023

	Medicare Enrollees With a Naloxone Prescription through Part D	Percentage of All Medicare Enrollees With a Naloxone Prescription through Part D
All	757,918	100%
Age Group		
<65	264,237	35%
65+	493,681	65%
Disabled		
Yes	278,274	37%
No	479,644	63%
Dual-Eligible		
Yes	405,721	54%
No	352,197	46%
Medicare Advantage		
Yes	522,092	69%
No	235,826	31%
Geography		
Urban	633,855	84%
Rural	124,063	16%
Part D Low-Income Subsidy		
With	442,933	58%
Without	314,985	42%
Sex		
Female	459,067	61%
Male	298,851	39%

Source: OIG analysis of Medicare data, 2024.

ENDNOTES

¹ Specifically, 53,165 Part D enrollees experienced an opioid overdose billed to Medicare in 2023. The total number of enrollees who had an opioid overdose is likely higher, given that enrollees who had an overdose and did not receive medical care billed to Medicare are not captured in this analysis. Further, if an enrollee's claim had yet to be submitted to Medicare at the time that claims data were analyzed for this report (December 2024), then their overdose would not be identified.

² We considered an enrollee to have had an overdose if the enrollee had at least one claim from Medicare Part A, B, or C with a diagnosis of an opioid poisoning from prescription or illicit opioids.

³ In 2023, an estimated 75,414 overdose deaths involved synthetic opioids, other than methadone, including drugs such as fentanyl and tramadol. This accounted for 92 percent of all opioid-related overdose deaths. CDC, *Provisional Drug Overdose Death Counts*, Nov. 13, 2024. Accessed at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> on Dec. 4, 2024.

⁴ In 2022, 51,864 Part D enrollees experienced an opioid-related overdose. Overall Part D enrollment also grew by 3 percent between 2022 and 2023. See CMS, Medicare Enrollment Dashboard, Mar. 7, 2025. Accessed at <https://data.cms.gov/tools/medicare-enrollment-dashboard> on Mar. 25, 2025.

⁵ Consolidated Appropriations Act, 2023, P.L. No. 117-328 § 1262 (Dec. 29, 2022). For more information about controlled substance scheduling, see DEA, Drug Scheduling. Accessed at <https://www.dea.gov/drug-information/drug-scheduling> on Nov. 1, 2023. In addition, all providers who apply for or renew their Drug Enforcement Administration (DEA) registration to prescribe controlled substances must take a one-time training on treating and managing patients with substance use disorders. See P.L. No. 117-328 § 1263.

⁶ The Drug Addiction Treatment Act of 2000 (Title XXXV of the Children's Health Act of 2000, P.L. No. 106-310) allowed providers to obtain a waiver to prescribe Schedule III, IV, and V drugs—including buprenorphine—for substance use disorder treatment in office settings. Section 1262 of the Consolidated Appropriations Act, 2023 (P.L. No. 117-328), removed the waiver requirement.

⁷ Consolidated Appropriations Act, 2023, P.L. No. 117-328 § 1262 (Dec. 29, 2022).

⁸ The total number of enrollees with a diagnosis for opioid use disorder was higher in 2023 than in 2022, when approximately 1.1 million enrollees had a diagnosis of opioid use disorder. *The Consistently Low Percentage of Medicare Enrollees Receiving Medication to Treat Their Opioid Use Disorder Remains a Concern* (OEI-02-23-00250) Dec. 11, 2023. Most of the increase in diagnoses appeared to be among older enrollees—i.e., those aged 65 and above. In 2023, 771,502 older enrollees had an opioid use disorder diagnosis, compared to 693,981 enrollees in 2022. This represents an 11-percent increase. The growth in the reported number of older enrollees with an opioid use disorder diagnosis may be due to a variety of factors, including increased screening for opioid use disorder.

⁹ This analysis includes medication for opioid use disorder that enrollees received through Medicare in outpatient settings, including medication prescribed in office-based settings and filled at pharmacies and medication received at opioid treatment programs.

¹⁰ National Institute of Drug Abuse, *Stigma and Discrimination*, June 2022. Accessed at <https://nida.nih.gov/research-topics/stigma-discrimination> on Nov. 7, 2024.

¹¹ *Not All Medicare Enrollees Are Continuing Treatment for Opioid Use Disorder* (OEI-02-23-00360) Feb. 18, 2025.

¹² Buprenorphine is a Schedule III controlled substance that suppresses opioid withdrawal symptoms by relieving cravings. Buprenorphine is also separately indicated for pain. Buprenorphine products indicated for pain are different from buprenorphine products indicated for the treatment of opioid use disorder and are not included in this review.

¹³ Most enrollees received, in office-based settings, buprenorphine that was dispensed by pharmacies and covered by Medicare Part D. Far less commonly, enrollees received buprenorphine administered by a provider in an office-based setting covered under Medicare Part B or C. It was also less common for enrollees to receive buprenorphine through opioid treatment programs. See Appendix C for more information.

¹⁴ In 2022, 9 percent of enrollees without the subsidy received medication for opioid use disorder, compared to 26 percent of enrollees with the subsidy; 11 percent of enrollees 65 and older received medication to treat their opioid use disorder, compared to 29 percent of those under the age of 65; 15 percent of female enrollees received medication to treat their opioid use disorder, compared to the 23 percent of male enrollees who received medication. OIG, *The Consistently Low Percentage of Medicare Enrollees Receiving Medication to Treat Their Opioid Use Disorder Remains a Concern* (OEI-02-23-00250) Dec. 11, 2023.

¹⁵ The Part D low-income subsidy is available to some enrollees who have limited income and assets. It provides assistance with paying for Part D premiums and cost-sharing. 42 C.F.R. § 423.315(d). Enrollees without the subsidy were less likely to receive medication for opioid use disorder than were enrollees with the subsidy regardless of their age group or sex.

¹⁶ Enrollees 65 or older were less likely to receive medication for opioid use disorder than were enrollees under 65 regardless of their low-income subsidy status or sex.

¹⁷ Female enrollees were less likely to receive medication regardless of their low-income subsidy status or age group.

¹⁸ FDA, *FDA Approves Prescription Nasal Spray to Reverse Opioid Overdose*, May 22, 2023. Accessed at <https://www.fda.gov/news-events/press-announcements/fda-approves-prescription-nasal-spray-reverse-opioid-overdose> on Oct. 10, 2024. A second nalmeferene opioid reversal medication has since been approved. See FDA, *FDA Approves First Nalmeferene Hydrochloride Auto-Injector to Reverse Opioid Overdose*, Aug. 7, 2024. Accessed at <https://www.fda.gov/news-events/press-announcements/fda-approves-first-nalmeferene-hydrochloride-auto-injector-reverse-opioid-overdose> on Oct. 10, 2024.

¹⁹ In 2023, 2 percent of all naloxone dispensed through Part D was for brand-name Narcan and 95 percent was for generic equivalents of Narcan—i.e., 4 mg naloxone nasal spray products. Higher-dosage naloxone formulations remain prescription only.

²⁰ FDA approved Narcan for over-the-counter use in March 2023. However, the product did not become available over the counter until September 2023.

²¹ The definition of a covered Part D drug at Section 1860D-2(e)(2)(A) of the Social Security Act restricts Medicare Part D plans from including over-the-counter products as part of their basic prescription drug benefit or as a supplemental benefit under enhanced alternative coverage. According to CMS, when a Part D covered drug switches to over-the-counter status, its existing inventory labeled as prescription only will continue to satisfy the definition of a Part D drug and will continue to be covered by Part D until its inventory runs out. See CMS, Medicare Prescription Drug Benefit Manual, Ch. 6, Sec. 10.10 – Over-the-Counter Products (OTCs), Jan. 15, 2016. Accessed at <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/part-d-benefits-manual-chapter-6.pdf> on Aug. 7, 2024.

²² There are some exceptions in which Medicare may provide over-the-counter drugs under a plan utilization management program or step therapy protocol, but the costs are treated as administrative costs and not Part D drug costs. For more information, see CMS, Medicare Prescription Drug Benefit Manual, Ch. 6 – Part D Drugs and Formulary Requirements, Sec. 10.10 – Over-the-Counter Products (OTCs), Jan. 15, 2016. Accessed at <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/part-d-benefits-manual-chapter-6.pdf> on Dec. 4, 2024. Also see CMS, Medicare Prescription Drug Benefit Manual, Ch. 7, Sec. 60.2 – Over-the-Counter Drugs as Part of Utilization Management Programs, Feb. 19, 2010. Accessed at <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/dwnlds/chapter7pdf> on Dec. 4, 2024.

²³ Manufacturers of other 4 mg naloxone nasal spray products are now required to submit a supplement to their applications to the Food and Drug Administration (FDA) to effectively change the status of their products to over-the-counter status. See

FDA, *FDA Approves First Over-the-Counter Naloxone Nasal Spray*, Mar. 29, 2023. Accessed at <https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray> on Aug. 7, 2024.

²⁴ Enrollees with the low-income subsidy paid an average of \$1.13 in cost-sharing for Narcan and its generic equivalents in 2023, while other enrollees paid an average of \$26.67. In contrast, Narcan's manufacturer has stated that its suggested price for over-the-counter Narcan is \$44.99. Emergent, *Emergent BioSolutions' NARCAN® Nasal Spray Launches Over the Counter Making it Possible for Everyone to Help Save a Life from an Opioid Overdose Emergency*, Aug. 30, 2023. Accessed at <https://investors.emergentbiosolutions.com/node/22286/pdf> on Dec. 19, 2024. Note that the cost-sharing amounts and price of Narcan are based on two doses.

²⁵ For instance, CMS has started implementing its Behavioral Health Strategy and has also taken steps to increase the number of providers available to Medicare enrollees seeking behavioral health services, including treatment for substance use disorders. CMS, *CMS Behavioral Health Strategy*, Sept. 30, 2024. Accessed at <https://www.cms.gov/cms-behavioral-health-strategy> on Mar. 25, 2025. Also see 87 Fed. Reg. 69404, 69545-69548 (Nov. 18, 2022).

²⁶ The Drug Addiction Treatment Act of 2000 (Title XXXV of the Children's Health Act of 2000, P.L. No. 106-310) allowed providers to obtain a waiver to prescribe Schedule III, IV, and V drugs—including buprenorphine—for substance use disorder treatment in office settings. Section 1262 of the Consolidated Appropriations Act, 2023 (P.L. No. 117-328), removed the waiver requirement.

²⁷ If CMS seeks this statutory authority, it could emphasize that there is precedent for this change. The definition of a covered Part D drug already includes medical supplies associated with the injection of insulin. A similar exception could be made for over-the-counter opioid overdose-reversal drugs. See Section 1860D-2(e)(1) of the Social Security Act.

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