

ALLOWING METHADONE'S PRESCRIPTION TO GENERAL PRACTITIONERS: A POSITIVE IMPACT ON THE FRENCH HEALTHCARE INSURANCE

Benazet F², O. Verstraete¹ S., Cohen¹, Berard I.², Amory D.²
(1. Laboratoires Bouchara Recordati ; 2. Nextep, Paris France)

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INTRODUCTION

In France, methadone induction is currently possible only in specialized centers caring for substance dependence located in ad hoc sites or in hospitals while buprenorphine can be initiated by general practitioner. In the past 20 years, several groups of experts asked to allow methadone induction in primary care for opioid dependence: the aim being to facilitate access to methadone everywhere in France for a better patient care.

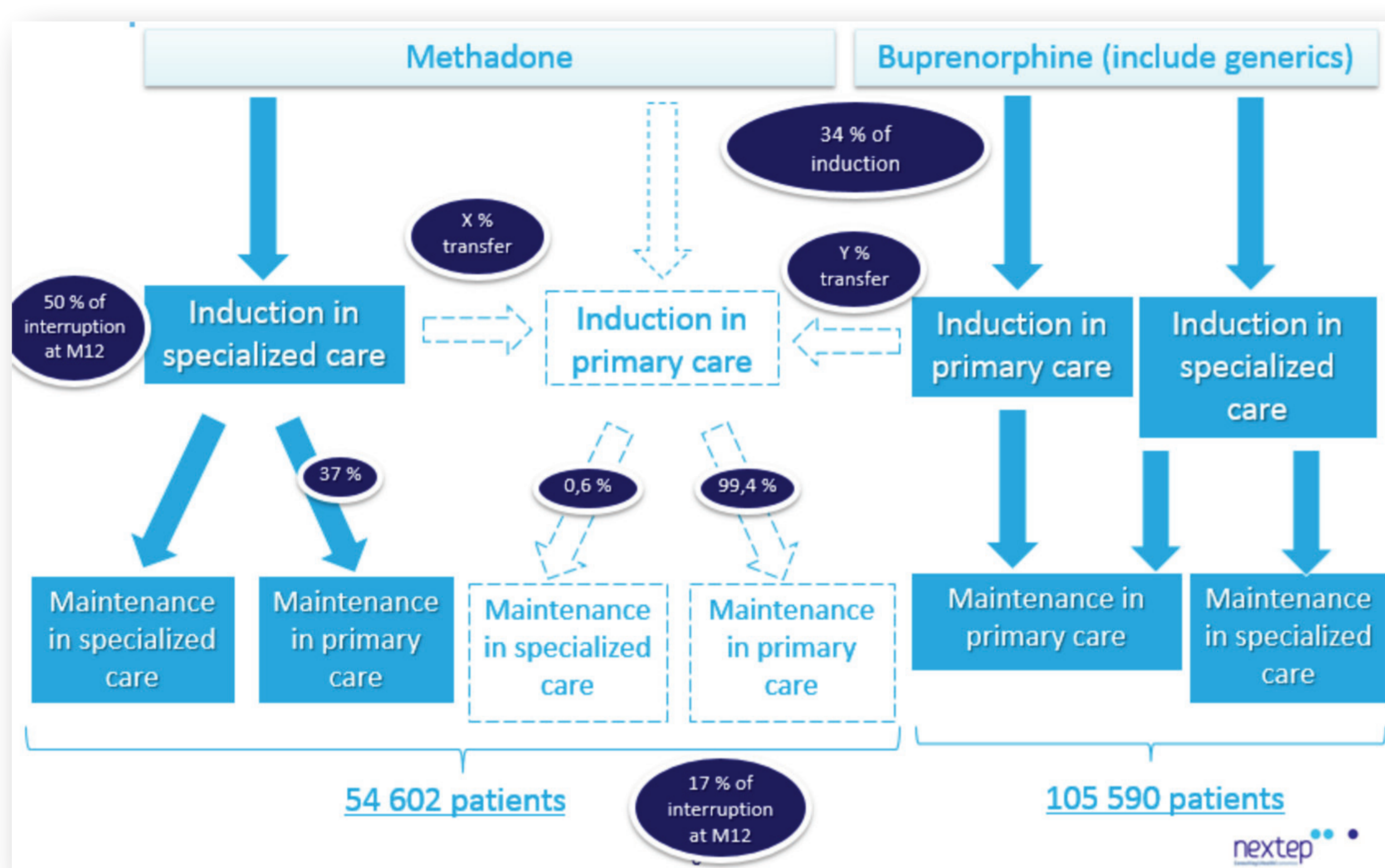
OBJECTIVES

The purpose of this study was to demonstrate the economic impact for the French healthcare insurance of allowing methadone induction in primary care in addition to hospital physicians.

METHODS

A budget impact analysis was conducted to calculate the financial difference between the current scenario (scenario 1: methadone induction in specialized care) and a scenario with methadone induction in primary care (scenario 2) from 1st January 2018.

RESULTS



In scenario 1, the forecast growth of opioid treatment is about 1%. However, patient turn-over in the treated population is high: we estimate at 34% the number of new patients beginning a treatment each year.

In scenario 2, with methadone induction in primary care, it is expected to have:

- **A more important market growth** due to a larger access to treatment
- **Some patients switching from specialized care to primary care**
- **Some patients switching from buprenorphine treatment to methadone treatment**

Three types of costs have been considered in the study

Patient's care cost:

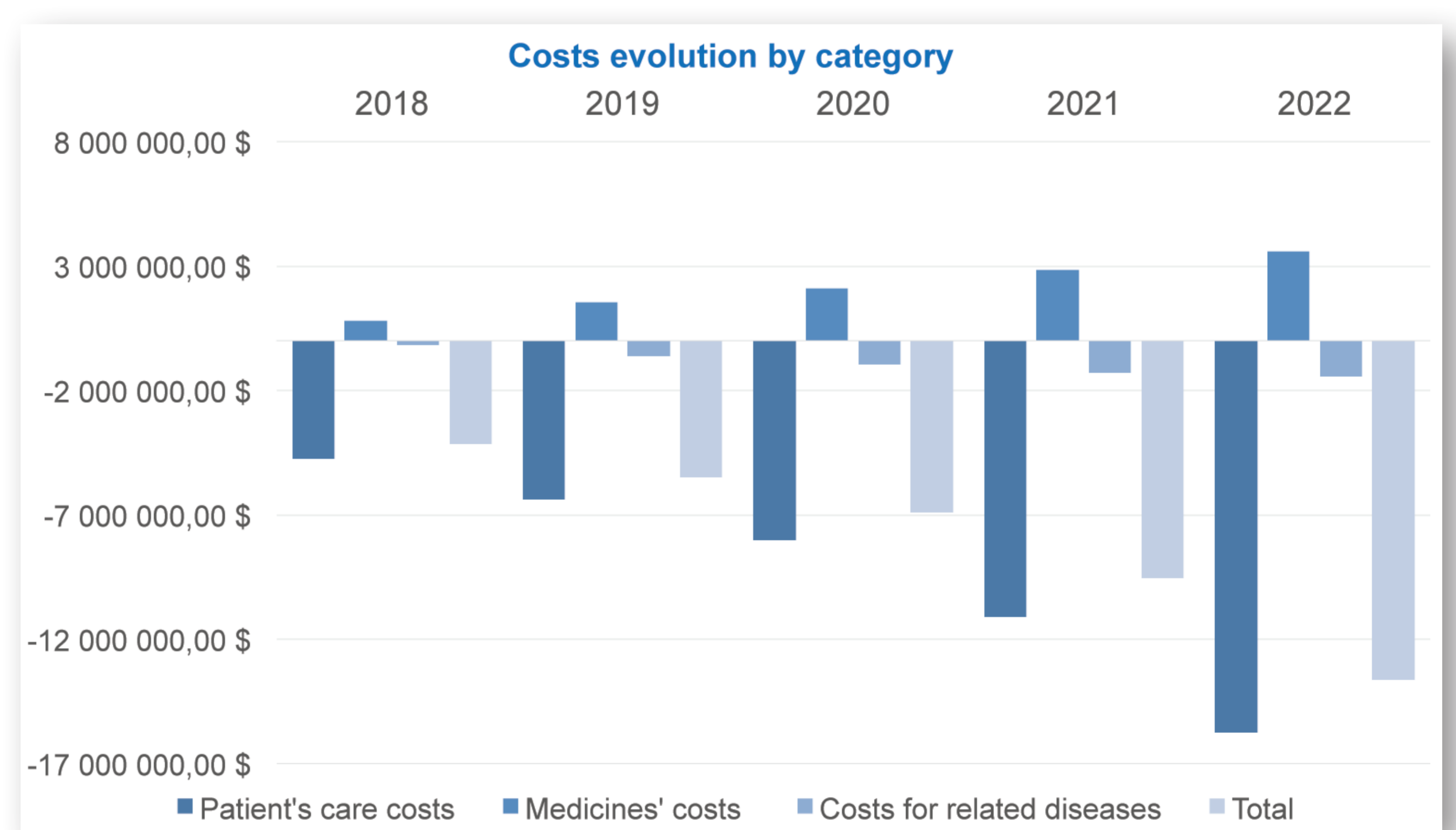
general practitioner costs being 3 times lower than specialized care costs, a growing cost savings will be achieved by progressive transfer from specialized care induction to primary care induction.

Medicines cost:

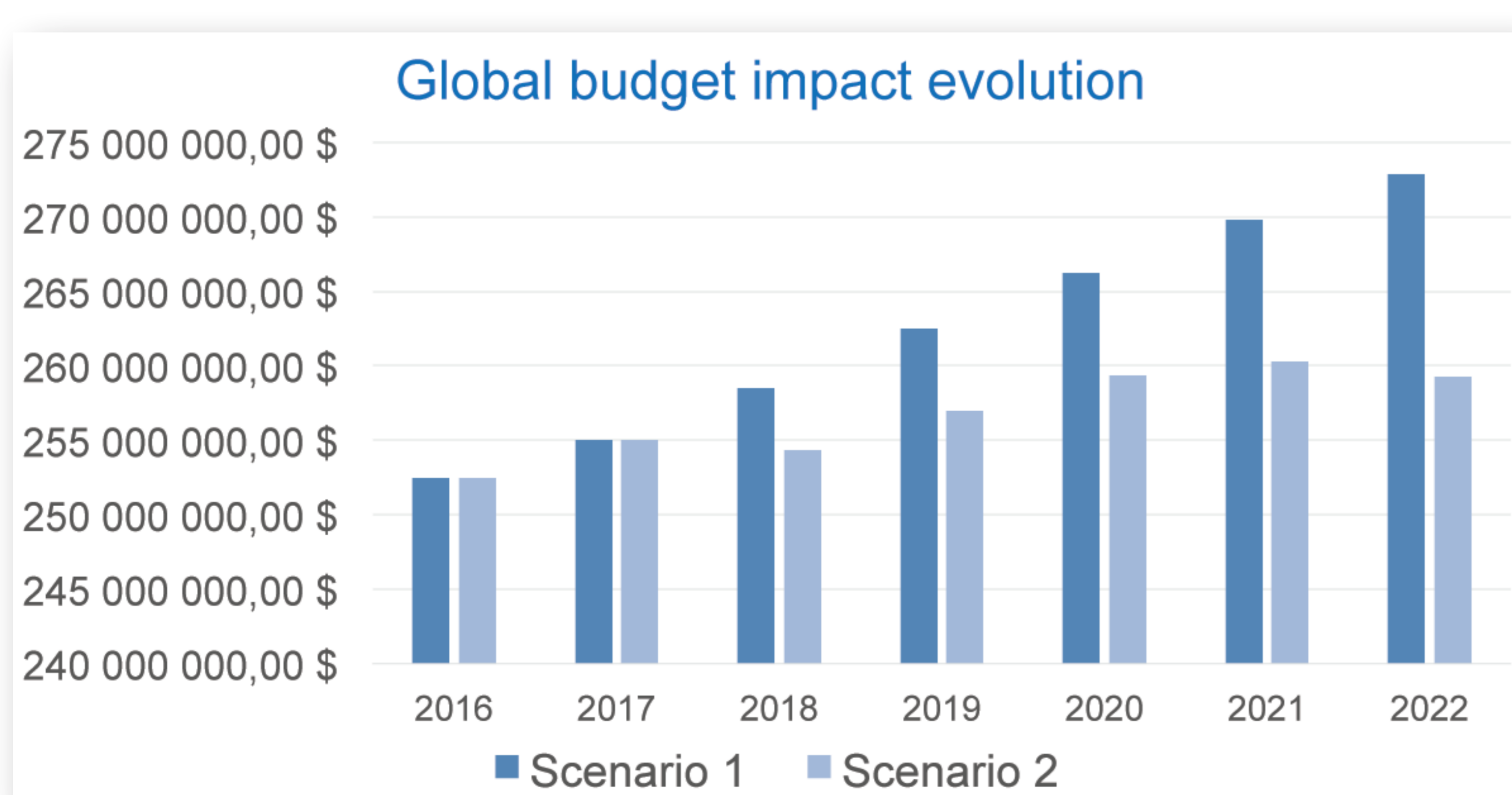
despite a treatment cost lower with methadone (539,76 vs €656,04 for buprenorphine), methadone induction in primary care induces additional expenses due to a larger access to opioid treatment (new patient's vs scenario 1).

Avoided costs for related diseases:

new patients treated in scenario 2 have less probability to be infected by HIV or HCV. Costs savings are estimated to 4,8 million between 2018 and 2022.



CONCLUSION



Authorize methadone induction in primary care will allow:

- **To expand access to an opioid dependence treatment** particularly for patient's non-responder to other treatment and for injecting drug users.
- Costs savings for French public health insurance: **39,66 million between 2018 and 2022**
- Allowing methadone induction by capsule form will generate additional **cost savings for patients** treated the first year: patient care costs will be reduced in half (one renewal every 28 days).