

## **Opioid agonist treatment price, coverage and retention after Pharmaceutical Benefit Scheme subsidisation reforms among a cohort of people who inject drugs in Melbourne, Australia: Preliminary results.**

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### **Introduction:**

Opioid agonist treatment (OAT) is frontline opioid dependence treatment. Patient treatment costs may inhibit OAT entry and retention. On 1 July 2023, Australia's Pharmaceutical Benefits Scheme (PBS) implemented subsidisation reforms to improve patient affordability. We describe OAT treatment cost, coverage and retention among a cohort of people who inject drugs in Melbourne, Australia.

### **Methods:**

Self-report data come from SuperMIX, a prospective cohort of people who inject drugs in Melbourne (1July2015–30Nov2024). Among participants with likely opioid dependence (opioid use  $\geq 5$  days in last week or current OAT), we calculated median monthly OAT treatment costs before and after PBS reforms. We the estimated the proportion of participants reporting OAT enrolment at each participant interview and the proportion reporting retention in OAT between annual interviews (no gaps in treatment), stratified by financial year (FY). Finally, using test of proportions, we assessed OAT coverage and retention in the 2022–2023FY compared to the 2023–2024FY.

### **Results:**

A total of 1,152 participants with likely opioid dependence were included. Median monthly OAT treatment costs fell from \$130 (n=423) to \$7 (n=458) after PBS reforms. Between July 2015 and November 2024, the proportion of participants reporting OAT enrolment and OAT retention between interviews ranged, 62%–79% and 31%–50%, respectively. There was no evidence to suggest a difference in proportions reporting OAT enrolment (64%–67%;  $z=1.1913$ ,  $p=0.2335$ ) or OAT retention (33%–31%;  $z=0.443$ ,  $p\text{-value}=0.6578$ ) in the 2022–23FY compared to the 2023–24FY.

### **Conclusions:**

We observed substantial reductions in OAT treatment costs following PBS reforms, and high OAT coverage among participants with likely opioid dependence, but no change in OAT coverage or retention.

### **Implications for Practice or Policy:**

Initiatives which reduce indirect treatment costs, increase medication choice, and improve system capacity may be needed to increase OAT coverage among people who inject drugs.

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