

AGs called on to help stop prior authorization for MAT

FEB 8, 2017

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In a letter to the National Association of Attorneys General (NAAG), the AMA urged all attorneys general to take action and work with insurers to end prior authorization on medication-assisted treatment (MAT).

Attorney General Eric Schneiderman recently announced a settlement with Anthem that will end the payer's policy of requiring prior authorization for medication-assisted treatment for opioid-use disorder in New York and in all other states where Anthem does business. Cigna made a similar agreement last year in New York.

The letter asks attorneys general to "review and consider taking similar action" as Schneiderman to "help ensure medical care for those with a substance-use disorder." Attorneys general may be able to reach the same agreement with all insurers, AMA Executive Vice President and CEO James L. Madara, MD, wrote. "We pledge our support in making that happen," he added.

More than 33,000 Americans died due to an opioid-related overdose in 2015 and 2 million people had a substance-use disorder involving opioid analgesics. Another 600,000 people have a substance-use disorder involving heroin.

"We need to remove any and all barriers to providing care for substance-use disorders," Dr. Madara wrote. "We also urge all payers to end policies that require patients to repeat step-therapy protocols or retry therapies failed under other benefit plans before qualifying coverage of a current effective therapy for substance-use disorders."

Schneiderman's investigation revealed that nearly 8 percent of the overall requests for coverage of MAT in 2015 and the first half of 2016 were denied by the insurer, causing delays in patients obtaining treatment.

A recent AMA survey found that 90 percent of physicians reported that prior authorization delays access to necessary care. And nearly 60 percent reported that patient care was delayed by at least a

day because of these manual, time-consuming processes.

The AMA Task Force to Reduce Opioid Abuse has urged increased access to both naloxone and MAT, and has also requested that payers provide comprehensive access to MAT, including for Medicaid patients, the incarcerated and those who have failed with previous treatments.

On the treatment side, more physicians are becoming trained to provide in-office buprenorphine for patients with substance-use disorders. More than 36,500 physicians have the necessary training to provide MAT services, according to the Substance Abuse and Mental Health Services Administration. This includes nearly 10,000 who have been certified within the past year.

“When a patient seeking care for an opioid-use disorder is forced to delay or interrupt ongoing treatment due to a health plan utilization management coverage restriction, such as prior authorization, there is often a negative impact on their care and health,” Dr. Madara wrote. “There is no medical, policy or other reason for payers to use prior authorization for MAT, and we hope that New York’s efforts will be the first of many similar ones across the nation.”