Issue Brief: Pennsylvania Medicaid Pre-authorization Requirements for Prescription of Buprenorphine/Naloxone Combination Therapy for Opioid Use Disorder

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Combination buprenorphine/naloxone medications are a safe and effective outpatient treatment for opioid use disorder and, unlike methadone, can be prescribed by primary care, emergency medicine, and other physicians who are not addiction specialists. When taken as prescribed, buprenorphine, a partial μ-opioid agonist, reduces craving for opioids without producing the “high” associated with heroin or commonly misused pharmaceutical opioids. A well-established and growing body of evidence and experience demonstrates that buprenorphine can be used successfully on a long-term basis by many patients with opioid use disorder. Unfortunately, current Pennsylvania Medicaid pre-authorization procedures for medication assisted treatment (MAT) with buprenorphine for opioid use disorder introduce significant barriers that constrain access for our patients. This includes a requirement that patients are enrolled in, or are in the process of being placed into, a licensed substance abuse or behavioral therapy program (see Appendix). Although pharmacists in Pennsylvania are permitted to dispense a 5-day supply of a prescribed medication without prior authorization if “the recipient has an immediate need for the medication,” this option has not solved problems resulting from pre-authorization requirements for buprenorphine.

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1 For brevity, the term “buprenorphine” will be used to refer to buprenorphine/naloxone combination medications.
A real-life case in point involving the patient of one of our physician members illustrates the potentially fatal consequences of these requirements.

Eight years ago, Ms. F. was diagnosed with opioid use disorder, prescribed buprenorphine, and subsequently continued treatment without relapsing to illicit opioid use. During this time, she was gainfully employed, and her employer-sponsored health insurance covered her treatment. Due to changes at her workplace, Ms. F. was recently laid-off. She immediately applied for and promptly obtained Pennsylvania Medicaid coverage. Unlike her prior private insurance, her Medicaid policy required pre-authorization to obtain buprenorphine, and she experienced difficulty arranging the required behavioral therapy. While waiting, she ran out of buprenorphine and relapsed. She went to her old neighborhood and bought heroin. The heroin contained fentanyl, and she overdosed and died.

This was a tragic and preventable incident. While patients suffering from opioid use disorder face multiple obstacles accessing treatment, including procedural barriers to obtaining buprenorphine, overdose fatalities continue to occur in Philadelphia and throughout Pennsylvania. In 2016, 907 people died from overdoses in Philadelphia, with over 80% of deaths involving opioids. vii For 2017, the Philadelphia Department of Public Health has projected a 30% increase in overdose deaths. viii Statewide, there were 4,642 overdose deaths in Pennsylvania in 2016, a 37% increase from the prior year. ix

Federal regulations do not mandate that states impose these pre-authorization requirements for buprenorphine, and the American Medical Association has stated that, “There is no medical, policy or other reason for payers to use prior authorization for MAT.” x The Pennsylvania pre-authorization requirements, however well-intentioned to control costs or promote use of behavioral therapies, are no longer warranted in the face of our state’s opioid crisis. The cost of buprenorphine is comparable to costs of medications that do not require pre-authorization and are used on a long-term basis for chronic conditions like asthma or diabetes. Although behavioral therapy might be useful for some patients with opioid use disorder, evidence demonstrating effectiveness of behavioral therapy in addition to medication-assisted therapy is
lacking relative to evidence demonstrating effectiveness of buprenorphine alone. Nonetheless, Pennsylvania Medicaid patients are at risk of being denied coverage for buprenorphine if they miss a behavioral therapy session. Advances in scientific understanding of substance use disorder as a medical condition, not a personal choice, has informed medical approaches to treatment, but constraints on physicians and patients surrounding buprenorphine prescription mark this treatment as different from treatments for other chronic diseases. Moreover, failure to treat opioid use disorder can lead to injection of heroin and other opioids, with accompanying risks from shared injection equipment for exposure to HIV, hepatitis B and C, and serious bacterial infections, which themselves are life-threatening and incur substantial health care costs.

In June 2016, the Governor of New York signed into law comprehensive legislation aimed at combatting the opioid crisis, including a provision that ended Medicaid pre-authorization requirements for MAT in his state. Later that year, the New York state Attorney General took legal actions against private insurers’ pre-authorization requirements for MAT on the grounds that they violated federal laws that require parity in insurance coverage for mental health/substance use disorders and medical/surgical conditions, a step the American Medical Association endorsed and urged other states to follow. As a result, other private plans have dropped pre-authorization requirements, and other states have taken or initiated similar actions.

In light of this information and Governor Wolf’s commitment to reducing administrative barriers to addressing the opioid crisis in his declaration of “a statewide disaster emergency,” we believe it appropriate to reassess our state’s Medicaid pre-authorization requirements for the prescription of buprenorphine in treating opioid use disorder.
Appendix. Pennsylvania Medicaid prior authorization form for opiate dependence treatments. xvii

![Pennsylvania Medicaid Prior Authorization Form for Opiate Dependence Treatments](image-url)
References


iii Substance Abuse and Mental Health Services Administration. Quick Guide for Physicians Based on TIP 40, Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. URL: https://store.samhsa.gov/shin/content/SMA05-4003/SMA05-4003.pdf.


Parks T. AGs called on to help stop prior authorization for MAT. AMA News, February 8, 2017, URL: https://wire.ama-assn.org/ama-news/ags-called-help-stop-prior-authorization-mat


