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Effective Rx thwarted for deadly opioid epidemic

New reports show increasing restrictions on addiction medications by state governments and insurance companies

Full report: <http://www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment>

WASHINGTON – State governments and insurance companies are increasingly restricting the use of effective, FDA-approved medications that could help reverse the epidemic of opioid addiction and overdose deaths, according to the most comprehensive reports on opioid addiction medications released today by the American Society of Addiction Medicine (ASAM).

Approximately 4 million U.S. residents are addicted to prescription and illegal opioids. Nearly 15,000 people die every year from overdoses involving pain medications, more than die in drunk driving car crashes. Addiction is a treatable chronic disease with treatment success and relapse rates comparable to other chronic diseases such as diabetes and hypertension. Opioid addiction is best managed with a combination of treatments, including behavioral interventions and medications. The FDA has approved three principal medications for treating opioid addiction: buprenorphine, methadone and naltrexone.

“These reports show that we could be saving lives and effectively treating the disease of addiction if state governments and insurance companies remove roadblocks to the use of these medications,” said Stuart Gitlow, MD, President of ASAM. “Treatment professionals need every evidence-based tool available to end suffering from this chronic disease. State lawmakers and insurance company administrators would never deny needed medication to people suffering from other chronic diseases, like diabetes and hypertension. But it happens every day to people with addiction.”

Strong evidence of effectiveness

The report on effectiveness of opioid medications, conducted by the Treatment Research Institute, examined 642 unique studies that evaluated buprenorphine, methadone, oral naltrexone and injectable naltrexone. The report found that these medications show substantive evidence of effectiveness and safety. They’re shown to decrease the frequency and quantity of drug use, withdrawal and craving, infectious diseases, criminal behavior and overdose, and to improve social functioning.

The medications show clear evidence of effectiveness only when used as long-term treatment, much like insulin for diabetes. There is very little indication of short-term benefit.

These medications also are cost-effective, with costs for maintenance medications to treat opioid addiction roughly comparable to costs for diabetes medications.

Complex, arbitrary restrictions

The reports on state Medicaid and insurance company restrictions were conducted through surveys by The AVISA Group and the Treatment Research Institute. The researchers reported that insurance company managers were reluctant to respond to questions about opioid medication restrictions.

The state Medicaid coverage report showed that while every state covers at least one FDA-approved opioid addiction medication, restrictions vary widely from state to state and often create *de facto* denial of access. Coverage limits for lifetime benefits and daily dosages are common. Restrictive prior authorizations add another level of obstacles. Information about restrictions and compliance regarding these medications is very difficult to obtain from state agencies. Many states require other treatments to fail first before addiction medications are covered.

Similarly, private insurance companies' restrictions on opioid addiction medications are complex, contradictory and often arbitrary. Insurance companies widely use utilization management techniques like prior authorization that impedes the use of addiction medications, and they also limit coverage on quantities of medication.

Dosage and quantity restrictions on opioid addiction medications by insurance companies and state Medicaid programs contravene recommendations from professional medical associations and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). These restrictions may risk patient safety and lead to suffering and death with no clear therapeutic objective. With no single national practice guideline on use of pharmacotherapies for opioid addiction, states and payers are filling in a much-needed gap.

Denial of access 'unethical'

"The fact that patients are frequently denied access to the full spectrum of treatment options for addiction is unethical and would constitute malpractice in other medical specialties and chronic disease treatment," said Thomas McLellan, a report author who is CEO of the Treatment Research Institute and former Deputy Director of the White House Office of National Drug Control Policy. "Treatment of addiction must be raised to the same medical and ethical standards as treatment for other chronic diseases. This needs to be acknowledged by the treatment community, medical specialties, insurance companies and all levels of government."

According to the reports, none of the medications by themselves can be considered effective treatments for opioid dependence. All medications are designed for use as part of comprehensive treatment strategies that usually include counseling, social supports and behavioral change strategies. But research shows they can be vital treatment components that raise treatment success rates.

"Medical science supports the use of addiction medications to effectively treat the disease of addiction," Dr. Gitlow said. "This science must be the basis of state policies, insurance coverage and national standards for the treatment of addiction. We want to work with public and private payers to identify models of patient access that can be shared broadly. Restrictions by states and insurance companies make no sense when opioid addiction and overdose deaths have grown into a national epidemic."

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