



State of California
Office of the Attorney General

XAVIER BECERRA
ATTORNEY GENERAL

February 14, 2019

Prior Authorization Requirements for Medication-Assisted Treatment of Opioid Use Disorder

The misuse of and addiction to opioids is a serious national crisis that affects public health as well as the social and economic welfare of Californians. Both prescription and non-prescription opioids are implicated in the crisis. The Centers for Disease Control and Prevention has estimated the economic burden of prescription opioid misuse in the United States to be \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment and recovery, and criminal justice involvement.¹ Though prescription rates have decreased recently, opioid overdoses continue to have a devastating impact, claiming the lives of 42,000 Americans in 2016.² In California alone, there were an estimated 2,012 opioid-related deaths in 2016.³ The California Attorney General is committed to protecting the health and wellbeing of all the state's residents and seeks to advance solutions to this crisis through his independent constitutional power to protect the health of California's residents. Cal. Const., art. V, § 13.

Advancements in treatment of substance use disorders, in particular medication-assisted treatment (MAT), have drastically improved the health outcomes for patients suffering from opioid use disorder. Evidence shows that the FDA-approved MAT medications buprenorphine,

¹ Curtis Florence *et al.* "The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013." *Med Care*. October 2016. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5975355>.

² Centers for Disease Control, NHCS Data Brief No. 294, December 2017. Available at <https://www.cdc.gov/nchs/data/databriefs/db294.pdf>.

³ National Institute on Drug Abuse, California Opioid Summary, March 2018. Available at <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/california-opioid-summary>.



methadone, and naltrexone reduce illicit drug use, overdoses, and crime.⁴ For reasons of public health and criminal justice, access to MAT should be encouraged and accessible for all patients who would benefit from it.

A critical step toward increasing the use of MAT is ensuring that patients are able to receive the medications that their doctors prescribe. It is reported that nearly 90% of patients in need of addiction treatment services do not have access to treatment.⁵ In California, Medi-Cal, the state's Medicaid program, has already taken steps to ensure that beneficiaries have access to MAT. For instance, the Drug Medi-Cal Organized Delivery System has removed all prior authorization requirements for counties that participate in its Narcotic Treatment Program.⁶ Further, the recently passed federal SUPPORT Act (H.R. 6 of 2018, Public Law No. 115-271) will help ensure that all patients covered by state Medicaid programs have access to all FDA-approved forms of MAT.

These policy changes improve MAT availability through public insurance. But in the case of private health coverage, MAT can be hard to obtain. Burdensome prior authorization processes affect 40% of patients with private health insurance who attempt to access MAT.⁷ Such prior authorization policies keep MAT from benefiting the widest possible range of individuals and families in serious need. In recent years, some national carriers have all stopped requiring prior authorization for MAT for opioid use disorder.⁸ The California Attorney General's Office applauds these efforts in the public interest and encourages others, including your company, to do the same by removing prior authorization requirements for MAT in all lines of business.

⁴ Luis Sordo *et al.* "Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies," *The BMJ [British Medical Journal]*, April 26, 2017. Available at <https://www.bmj.com/content/357/bmj.j1550>.

⁵ 2016 National Survey on Drug Use and Health: Detailed Tables. Table 1.28A and 1.28B. Available at <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>.

⁶ California Department of Health Care Services, "Medication Assisted Treatment for Substance Use Disorders and the Drug Medi-Cal Organized Delivery System: Frequently Asked Questions," June 2018. Available at https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC_ODS_MAT_FAQ_June_2018.pdf.

⁷ Rebecca Peters and Erik Wengle, "Coverage of Substance-Use Disorder Treatments in Marketplace Plans in Six Cities," Urban Institute, June 2016. Available at <https://www.urban.org/sites/default/files/publication/81856/2000838-Coverage-of-Substance-Use-Disorder-Treatments-in-Marketplace-Plans-in-Six-Cities.pdf>.

⁸ For instance, Cigna: <https://ag.ny.gov/press-release/ag-schneiderman-announces-national-settlement-cigna-discontinue-pre-authorization>; Aetna: <https://khn.org/news/facing-pressure-insurance-plans-loosen-rules-for-covering-addiction-treatment/>; Anthem: <https://ag.ny.gov/press-release/ag-schneiderman-announces-national-settlement-anthem-discontinue-pre-authorization>.

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If you have already done so, please confirm this fact with the California Attorney General's Office. Should you have any questions, please contact Supervising Deputy Attorney General Kathleen Boergers at (510) 879-0011.

Sincerely,

A handwritten signature in blue ink, appearing to read "Xavier Becerra". The signature is fluid and cursive, with a large loop at the end.

XAVIER BECERRA
Attorney General