Many Medicaid Programs Hinder Access to Opioid Addiction Treatment

Many Medicaid programs make it difficult for people addicted to opioids to receive medications to treat their addiction, according to a new report.

The American Society of Addiction Medicine (ASAM) says private insurance companies also are restricting access to these treatments.

The report finds wide variation among states in their coverage of medication to treat opioid addiction, *MedPage Today* reports.

Many states require patients to try other treatments before covering addiction medications. Private insurance companies use prior authorization and other techniques to restrict patients' access to drugs including buprenorphine, methadone and naltrexone, according to the report.

Twenty-eight states cover all three drugs, but the extent of coverage varies greatly among the states, the authors noted. Requirements needed to access the medications also differ among states. In 42 states, prior authorization is required by Medicaid for buprenorphine. Many programs have coverage limits for lifetime benefits and daily doses.

ASAM also released a report on opioid medications, which found that they show substantive evidence of effectiveness and safety.

"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," ASAM President Stuart Gitlow, MD, said in a news release. "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."

Thomas McLellan, an author of the opioid medication effectiveness report, who is CEO of the Treatment Research Institute and former Deputy Director of the White House Office of National

Drug Control Policy said, "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 of addiction must be raised to the same medical and ethical standards as treatment for other chronic diseases."