



Arkansas Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

OFFICERS

President
John R. Schay, MD, FASAM
President-Elect
Kristin Martin, DO, MS, FAAFP
Immediate Past President
James M. Eaton, MD
Treasurer
Shona Ray-Griffith, MD, FASAM

October 25, 2022

Cindi Pearson, PharmD
Chair, Arkansas Medicaid Drug Review Committee (DRC)
Arkansas Medicaid Pharmacy Program
Division of Medical Services
700 Main Street
Little Rock, AR 72201

Re: DRC Review of Substance Use Disorder Therapeutic Class of Medications

Dear Dr. Pearson,

On behalf of the Arkansas Society of Addiction Medicine (ARSAM), the medical specialty society representing physicians and clinicians in Arkansas specializing in the prevention and treatment of addiction, thank you for the opportunity to provide input on the DRC's review of medications to treat substance use disorder (SUD), particularly long-acting injectables. ARSAM is dedicated to enhancing the availability of evidence-based addiction treatment throughout Arkansas, and we are committed to advocating for policies that promote greater access to all Food and Drug Administration (FDA)-approved medications to treat SUD. These medications are critical, evidence-based treatments,¹ that serve to reduce the adverse effects of SUD. However, persistent challenges in patients' ability to obtain these medications limits their utility and effectiveness.

Therefore, as part of your upcoming review of long-acting injectable medications to treat SUD, we urge the DRC to remove the existing utilization management (UM) criteria, including requirements for medical necessity determinations, prior authorization, and buy and bill restrictions. These medications should be made readily available at the pharmacy counter and/or through a patient's medical benefits, without restrictive UM requirements that delay a patient's care.

The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that medication for addiction treatment (MAT) has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with SUD, and increase patients' ability to gain and maintain employment.² However, restrictive UM policies constrain these positive effects, leading to detrimental health outcomes. These policies cause delays in obtaining prescriptions, meaning that practitioners cannot offer MAT as quickly as necessary to effectively stabilize their patients. In fact, a recent survey of physicians found that 93% of them reported care delays due to prior authorization, with 82% indicating that prior authorization can lead to treatment abandonment.³

Delays and uncertainty of this nature significantly impact patient outcomes. Truthfully, in addiction treatment, a delay of just one day can be the difference between life and death. One

day is enough time for a patient to return to use, overdose, or suffer a myriad of other experiences that can adversely affect their treatment outcome. Additionally, we already face a situation where far too few individuals who need treatment for SUD actually receive such treatment.⁴ Medicaid must lead the way by extending medical coverage to our state's most vulnerable. Therefore, it is imperative that we ensure that patients have access to all forms of evidence-based treatment without obstruction.

Simply put, restrictive UM policies on medications to treat SUD add an unnecessary obstacle to care that disadvantages patients. **Therefore, we strongly recommend that the DRC remove the current UM restrictions on long-acting injectable medications to treat SUD as part of the Committee's review and ensure that these medications are made promptly available to patients who need them at the practitioner's request through pharmacy and/or medical benefits.** Thank you for the opportunity to comment on this important issue. Please do not hesitate to contact me at docmartin@rvmwellness.com if there is any additional assistance or information that I can provide.

Sincerely,



Kristin Martin, DO, MS, FAAFP
President-Elect, Arkansas Society of Addiction Medicine

¹ American Society of Addiction Medicine. (2020). The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. Journal of Addiction Medicine, 14(2S), 1–91.
<https://doi.org/10.1097/adm.0000000000000633>

² Substance Abuse and Mental Health Services Administration. (2022). Medication-Assisted Treatment (MAT). SAMHSA.gov. <https://www.samhsa.gov/medication-assisted-treatment>

³ American Medical Association. (2022). 2021 AMA prior authorization (PA) physician survey. American Medical Association. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

⁴ Substance Abuse and Mental Health Services Administration. (2020). Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. SAMHSA.gov. <https://www.samhsa.gov/data/report/key-substance-use-and-mental-health-indicators-united-states-results-2015-national-survey>