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June 4, 2018

RE: AN ACT to amend the insurance law, in relation to requiring health insurers to provide coverage of opioid addiction drugs prescribed for the treatment of substance abuse disorder

A4899-C (Rosenthal)
S7905-A (Griffo)

MEMORANDUM IN OPPOSITION

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans oppose enactment of this Bill, which would prohibit health insurers from requiring prior authorization or step therapy for the dispensing of buprenorphine and other opioid addiction medications for the treatment of opioid addiction. This Bill, however, ignores the importance of the use of prior authorization and step therapy, which are necessary for insurers to ensure patient safety.

Moreover, this Bill ignores legislation enacted in 2016 that provides insurance coverage, without prior authorization, of a five day emergency supply of a medication assisted therapy (“MAT”) (or, buprenorphine) for the treatment of substance use disorder where an emergency condition exists. This important legislation struck the appropriate balance between ensuring immediate access to opioid addiction medication when necessary and ensuring the medical necessity of the treatment by providing a limited, emergency supply of up to 5 days without prior authorization. Eliminating prior authorization requirements for all treatments of opioid addiction medication would dangerously remove important clinical oversight of the use of this product.

Intended as a long-term treatment for people addicted to opioids, buprenorphine, like methadone, is an opioid itself that can produce euphoria and cause dependency. Buprenorphine (Suboxone, buprenorphine/naloxone tablets, and buprenorphine tablets), when administered by a certified physician for the treatment of opioid addiction, is a covered benefit. Physicians who provide treatment with buprenorphine must be authorized by the Drug Enforcement Agency (DEA), as mandated under the Drug Addiction and Treatment Act of 2000. Physicians who are not authorized to treat with buprenorphine may refer a patient to a practitioner who is certified to prescribe and dispense this medication.

The use of prior authorization by insurers is necessary to ensure that the prescribing physician is certified for the treatment of opioid addiction, the prescription is not being used for an off-label purpose, such as the treatment of pain, and that buprenorphine is clinically appropriate for the member. This prohibition would eliminate important clinical and safety oversight for buprenorphine, which is itself a partial opiate. By authorizing unrestricted access to buprenorphine, this Bill could replicate the opioid-abuse crisis that it is attempting to treat with a milder, yet still dangerous, prescription drug. Unfortunately, this Bill prohibits insurers from using reasonable procedures to ensure the safety of their members and will allow for increased access to a prescription drug that is increasingly becoming a “street drug”, replacing prescription painkillers, with rising indicators of misuse and abuse.

Furthermore, as a result of the 2016 legislation, all insurers provide coverage, without prior authorization, of a 5 day emergency supply of buprenorphine for the treatment of substance use disorder where an emergency condition exists. Current law already provides a mechanism to ensure that that an individual could obtain an emergency supply of buprenorphine to avoid a relapse. This Bill will unnecessarily result in unrestricted access to a prescription opioid that is subject to misuse and abuse if not properly administered.

For the foregoing reasons, the Blue Cross and Blue Shield Plans urge that this bill not be enacted.

Respectfully submitted,

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