

What Payment Policy Barriers Limit Access to Medications for Opioid Use Disorder — And What Reforms Could Expand Treatment?

The Public Health Problem

Medications for opioid use disorder (MOUD) are the standard of care, yet an estimated **75% to 90%** of people with opioid use disorder who could benefit do not receive medication. Payment policy — including insurance coverage, reimbursement, prior authorization and cost-sharing — is one contributor to this treatment gap.

Background

Most major U.S. insurers now cover at least one formulation of buprenorphine, naltrexone, or methadone, but coverage varies widely across plans. Experts cautioned that rigid reimbursement models and insurance restrictions can delay treatment and limit access to the services patients need.

What This Article Addresses

This study describes MOUD payment policy across Medicare, Medicare Advantage, Medicaid, and private insurance, and summarizes experts' perspectives on the most important barriers and opportunities for reform.

What They Did *(Methods)*

Researchers conducted a policy analysis and completed qualitative interviews (n = 21) and surveys (n = 31) with U.S. MOUD payment policy experts to characterize coverage, reimbursement models, and insurance restrictions across major insurer types.

What They Discovered *(Findings)*



Coverage varies by insurer and plan: Traditional Medicare, Medicare Advantage and Medicaid cover at least one formulation of all FDA-approved MOUD, but private insurance varies widely, and methadone is most likely to be excluded.



Insurance restrictions remain major barriers: Experts consistently identified prior authorization, cost-sharing and narrow provider networks as barriers that delay or prevent MOUD access.



Value-based payment is promising, but not ready: Experts endorsed value-based MOUD payment models that prioritize high quality care over high volume care. However, they also emphasized that adoption is limited by a lack of validated performance measures and limited provider capacity for data tracking and reporting.

Opportunities for Action

The study findings highlight opportunities for:

Health care leaders & providers

- Advocate for fewer insurance barriers that delay MOUD treatment
- Support care models that include coordination, care management, and peer support
- Build capacity to track and report MOUD performance measures

Policymakers & payors

- Cover all FDA-approved MOUDs
- Remove insurance barriers (prior authorization, cost sharing) and financial disincentives (take-home methadone)

Researchers

- Develop and validate MOUD performance measures linked to patient outcomes
- Study how reimbursement varies across insurers and improve transparency
- Evaluate scalable value-based payment models that do not overburden providers

Patients & families seeking recovery

- Advocate for widespread availability of MOUD to treat opioid use disorder, so that all patients and their families have a comprehensive array of treatment options