

Update on New Treatment Guidelines

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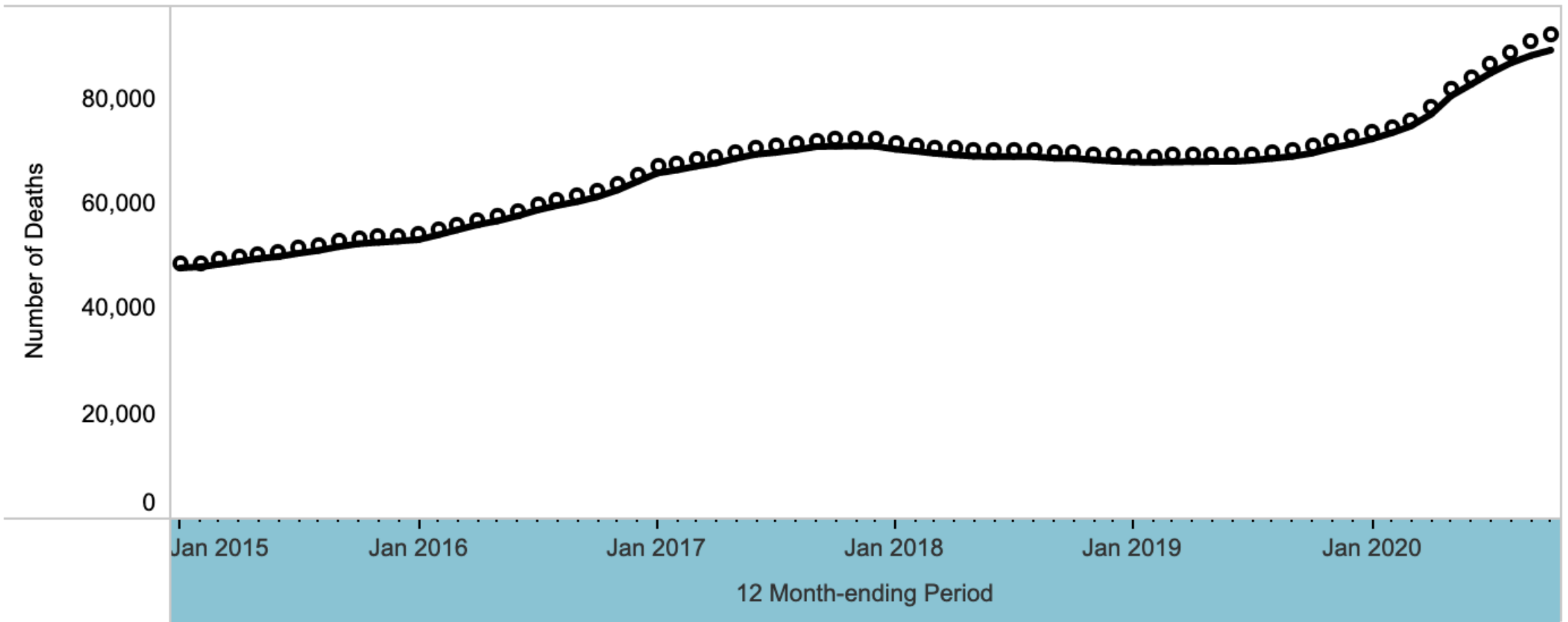
No conflicts of interest to declare



**Off label medications will not be
discussed today**

12 Month-ending Provisional Number of Drug Overdose Deaths

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



WHAT WE KNOW



GAP: 45,210 eligible insured individuals with OUD, **~1 in 10 (n=4600, 10.2%) initiated buprenorphine within 365 days following diagnosis.** Anderson et al. *Med Care* 2021; 59:393-401

Following 2017 Comprehensive Addiction and Recovery Act, **NPs and PAs accounted for more than 50% of increased waived providers in rural areas between 2016-2019** and were the first waived clinicians in 285 rural counties Barnett et al. *Health Aff (Millwood)*. 2019; 38:2048-56

France no special training or license to prescribe buprenorphine since 1995. ~20% of physicians are prescribing to treat over 50% of heroin users with **~80% decline in OD deaths in subsequent 3 years.** Fatseas & Auriacombe. *Curr Psychiatry Rep*.2007;9:358-64





- Eligibility
- Requirements
- What is eliminated
- Limits of new guidelines
- Notice of Intent

Goals for Today

DHHS New Guidelines for Prescribing Buprenorphine Released on April 28, 2021

Allows for qualified providers to prescribe buprenorphine for up to 30 patients without a waiver

Exemption applies only to Schedule III, IV, and V drugs It does not apply to the prescribing, dispensing, or the use of Schedule II medications, such as methadone, for the treatment of opioid use disorders.

<https://www.govinfo.gov/content/pkg/FR-2021-04-28/pdf/2021-08847.pdf>



WHO IS ELIGIBLE?

Physicians

Nurse Practitioners

Physician Assistants

Certified Nurse Specialists

Certified Nurse

Anesthetists

Certified Nurse Midwives



REQUIREMENTS

- Eligible provider
- State medical license
- Standard registration with the DEA
- Relationship with supervising physician if required by state law
- Submission of Notice of Intent to Prescribe
- **Once receive acceptance letter and X-waivered designation can prescribe up to 30 patients at the same time**



WHAT THE NEW RULE ELIMINATES

- 8-hour waiver training (will need if later decide to expand beyond 30 patients)
- Certification that have ability to refer to counseling and ancillary services (psychosocial services)



What if provider is not registered with the DEA?

For the application will need:

1. Personal and business information
2. Business Activity and Drug Schedule Information
3. State License
 - › Mandatory to provide State medical and/or controlled substance licenses/registrations. For mid-level practitioners, this includes supervisory agreements, with specific authority for controlled substances, if required by your state.
4. Background
5. Non-refundable Payment (\$888 for 3 years)
6. Confirmation

<https://apps.dea diversion.usdoj.gov/webforms2/spring/main?execution=e1s2>



MID LEVEL PRACTITIONERS

Controlled Substance Authority

SC NPs: 2- 5 Day Supply 2N

30 Day Supply 3, 3N, 4 & 5 Prescribe Only

SC PAs: 2, 2N, 3, 3N, 4, 5 Prescribe, Administer & Dispense

FL NPs & PAs: 2, 2N, 3, 3N, 4, 5 Prescribe, Administer & Dispense only in accordance with state law

Other States: https://www.deaiverison.usdoj.gov/drugreg/practioners/mlp_by_state.pdf



DEA Schedules

I (1): No accepted medical use in the United States and have a high abuse potential, e.g., heroin, LSD, MDMA, bath salts, peyote, among others.

II/IIN (2/2N): High abuse potential with severe psychological or physical dependence liability. Includes certain narcotic, stimulant and depressant drugs.

- Schedule II narcotic controlled substances include opium, morphine, codeine, hydromorphone (Dilaudid), **methadone**, oxycodone, meperidine (Demerol), and hydrocodone (Vicodin®).
- Examples of Schedule IIN non-narcotic would be **Amphetamine, Methylphenidate, Methamphetamine, Nabilone**.



DEA Schedules Continued

Schedule III/IIIN (3/3N): Moderate to low potential for physical & psychological dependence, and include compounds containing limited quantities of certain narcotic drugs (Schedule 3) and non-narcotic drugs (Schedule 3N)

- III narcotics: Compounds containing 90mg or less of codeine, **buprenorphine**
- III non-narcotics: some barbiturates, ketamine, and anabolic steroids such as Depo®-Testosterone.

Schedule IV (4): abuse potential less than those listed in Schedule III and include such drugs as: phenobarbital, chloral hydrate, diazepam (Valium), alprazolam (Xanax), carisoprodol (Soma), Tramadol.

Schedule V (5): abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes.



SC NPs, Certified Nurse Specialist (CNS), Certified Nurse Midwife (CNM)

Practice Authority: Written protocol with a physician is required. The protocol must outline information for delegated medical acts and a description of how consultation with the physician is provided. The protocol must be reviewed annually. SC Code Ann 40-3334(D).-34(F)

Prescriptive Authority: Holds current specialty certification by a board-approved credentialing organization. Drugs and devices prescribed must be within the NP's specialty and listed in the written protocol developed by the NP and the supervising physician. An NP may also prescribe Schedules II-V controlled substances SC Code Ann. 40-33-34(F)

<https://www.scstatehouse.gov/code/t40c033.php>



SC Physician Assistants

In similar fashion, required to have relationship with supervising physician.

Prescriptive authority in the scope of the practice guidelines and authorized by supervising physician



NOTICE OF INTENT

Required to submit a **Notice of Intent** to SAMHSA's Center for Substance Use Treatment Division of Pharmacological Therapies

Buprenorphine Waiver Portal: <https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php>

SAMHSA has not updated the Notice of Intent form to reflect updated guidelines.

Choose to only apply for the 30-patient level .

When completing Section 8 of the Notice of Intent form: Select "Other" for Criteria for Qualification.

When asked for the city, state, and date where certifying criteria occurred, put "Practice Guidelines" under city, the state in which you are currently practicing for state, and today's date for date. You may receive an error message indicating that you have not submitted proof that required training was completed.

This will change once SAMHSA updates the Notice of Intent form.

READY TO PRESCRIBE?

Use SAMSHA Quick Start Guide

<https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf>

Attend our ECHO

Present a case!

Providers Clinical Support Network (pcssnow.org) offers:

Free 8-hour waiver training (8 hours of CME)

Interesting seminars with free CME

Free mentoring program (just added another lead nurse mentor)





CMEs and CEUs

MUSC designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]

MUSC will award 0.1 CEUs for this activity (1 contact hour = 0.1 CEU)

Harm Reduction March 2021 – June 2021		
Date	Topic	Presenter
6/04	Mindfulness-Oriented Recovery Enhancement(MORE)	Katy Bottonari, PhD, MUSC & Ralph H. Johnson VAMC

WWW.SCMATAACCESS.ORG

TO ACCESS ARCHIVED DIDACTIC VIDEO PRESENTATIONS, SLIDE SETS, AND ADDITIONAL PRACTICE RESOURCES CREATE A LOG-IN AND PASSWORD.



To Request a Copy of today's
Didactic Video Presentation

Contact

Rachel Grater, Program Coordinator
grater@musc.edu



Tele-Mentoring Programs in South Carolina

Project ECHO Opioid Use Disorders

Medical Director

Dr. Karen Hartwell, MUSC

Program Coordinator: Rachel Grater, grater@musc.edu

Website: www.scmataccess.org

**1st and 3rd Friday of each month
12-1 pm**

Project ECHO Pregnancy Wellness

Co-Medical Directors

Dr. Berry Campbell, USC and Dr. Donna Johnson, MUSC

Program Coordinator: Rachel Grater, grater@musc.edu

Website: www.pregnancywellnesssc.com

**1st and 3rd Wednesday of each month
12:15-1 pm**

Southeast Viral Hepatitis Interactive Case Conference

Medical Director

Dr. Divya Ahuja, USC

Program Coordinator: Adrena Harrison,
adrena.harrison@uscmed.sc.edu

Website: <http://schivtc.med.sc.edu/>

**1st and 3rd Wednesday of each month 12-1pm
4th Wednesday of each month 1-2pm**

Project ECHO Peer Recovery Support Specialists

Co-Directors

Dr. Karen Hartwell, MUSC and Mike Malone, CPSS, NCPRSS, FAVOR
Greenville

Program Coordinator: Rachel Grater, grater@musc.edu

**2nd and 4th Tuesday of each month
12-1 pm**