May 31, 2016

Kana Enomoto, Principal Deputy Administrator  
The Substance Abuse and Mental Health Services Administration  
Department of Health and Human Services  
5600 Fishers Lane  
Room 13E21C  
Rockville, MD 20857

Re: Medication Assisted Treatment for Opioid Use Disorders (RIN 0930-AA22)

Dear Principal Deputy Administrator Enomoto:

The Academy of Managed Care Pharmacy (AMCP) thanks the Department of Health and Human Services (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) for its work in developing strategies to address the growing opioid epidemic in the United States and for the opportunity to provide comments in response to the proposed rule “Medication Assisted Treatment for Opioid Use Disorders (RIN 0930-AA22)” published in the Federal Register on March 30, 2016. Under the proposed rule, the maximum number of patients with opioid abuse disorder that a qualified physician can treat with buprenorphine would increase from 100 to 200. While AMCP believes the proposed rule is a step in the right direction to ensure patients with opioid abuse disorder have increased access to care, AMCP encourages SAMHSA to include provisions related to team-based care and education on diversion prevention strategies prior to finalization. In addition, AMCP recommends that SAMHSA consider supporting legislation to expand the ability of non-physician practitioners, including qualified nurse practitioners, physician assistants, and pharmacists, with appropriate training and state licensure to prescribe buprenorphine for opioid addiction.

AMCP believes that a holistic, comprehensive, and multi-stakeholder approach among health care providers and patients is necessary to truly address the opioid epidemic. AMCP is committed to resolving issues associated with the opioid epidemic and has established an Addiction Treatment Advisory Group which will evaluate current gaps and barriers to addiction treatment services and develop recommendations to improve patient care. AMCP will share the recommendations and findings from the advisory group with the HHS, SAMHSA, and other stakeholders.

AMCP is a professional association of pharmacists and other practitioners who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy's 8,000 members develop and provide a diversified range of clinical, educational, medication and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit.
Prior to finalization of the proposed rule, AMCP encourages HHS and SAMHSA to work collaboratively with other federal agencies, such as the Centers for Medicare and Medicaid Services (CMS), the Centers for Diseases Control and Prevention (CDC), and the Food and Drug Administration (FDA), providers, pharmacists, and patients to develop a holistic, comprehensive, and multi-stakeholder approach to address the opioid epidemic. In the spirit of collaboration, AMCP also encourages SAMSHA to include a recommendation to work collaboratively and communicate effectively with the patient’s care team, including pharmacists and other health care providers who provide patient care and psychosocial services, to ensure a holistic and comprehensive approach to the patient’s individualized treatment. Furthermore, AMCP urges SAMSHA to consider the inclusion of training and education programs for qualified physicians to minimize the risk of diversion of buprenorphine and provide sound medication management.

Finally, the proposed rule notes that enabling non-physician practitioners to prescribe buprenorphine would require a legislative change that is outside the scope of rulemaking. AMCP encourages HHS and SAMHSA to work with Congress to find a mechanism for expanding the definition of a qualified practitioner under section 303(g)(2) of the Controlled Substances Act to include additional providers, such as qualified nurse practitioners, physician assistants, and pharmacists. Enabling non-physician practitioners to prescribe buprenorphine, with the appropriate training and state licensure, is critical to expanding opioid abuse disorder treatment to a greater number of individuals throughout the nation.

AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing work on these issues with HHS and SAMHSA. If you have any questions regarding AMCP’s comments or would like further information, please contact me at 703-683-8416 or scantrell@amcp.org.

Sincerely,

Susan A. Cantrell, RPh, CAE
Chief Executive Officer