

**AMCP Summary: *Medication Assisted Treatment for Opioid Use Disorders (RIN 0930-AA22)***

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**Effective Date: August 8, 2016**

The Department of Health and Human Services (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) released a final rule titled "[Medication Assisted Treatment for Opioid Use Disorders](#)" scheduled to be published in the Federal Register on July 8, 2016. AMCP had submitted [comments](#) on the draft rule urging for provisions related to team-based care, education on diversion mitigation strategies, and the expansion of practitioner eligibility to prescribe buprenorphine for opioid abuse disorders. AMCP also joined APhA and NCPA in a [joint comment letter](#) urging for advancement of the pharmacist's role in MAT to improve access and outcomes. AMCP is pleased that SAMHSA incorporated or acknowledged many of AMCP's suggestions in the final rule and believes the final rule is a step in the right direction to ensure patients with opioid abuse disorder have increased access to care. Under the final rule HHS and SAMHSA do the following:

- Increase the maximum number of patients with opioid abuse disorder that a qualified physician can treat with buprenorphine from 100 to 275.
  - Note: The proposed rule suggested increasing the maximum number of patients to 200.
- Require qualified physicians who receive authorization to treat up to 275 patients to attest to having a diversion control plan, meaning a documented set of procedures, to reduce the possibility that controlled substances will be transferred or used illicitly. AMCP supported this concept in its comments.
- Encourage all qualified physicians to incorporate team-based care and comprehensive behavioral health support services into the standard of care provided to patients. AMCP supported this concept in its comments.
- Encourage collaborative relationships between physicians and pharmacists in qualified practice settings. AMCP is particularly pleased with this provision that it supported in comments to the proposed rule.
- State it may be appropriate to release certain information to pharmacists if the patient provides consent, but decline to require that pharmacists be included in the pool of practitioners to which information may be released. AMCP is concerned with this provision because without access to full medical information about the patient, pharmacists may not be able to maximize their ability to improve medication management.
- Acknowledge that expanding eligible prescribers, including pharmacists and non-physician practitioners, is outside the scope of rulemaking; however recognize the issues raised by commentators regarding the benefits of expanding eligible prescribers. HHS and SAMHSA note that the President's FY 2017 Budget proposes a buprenorphine demonstration program to allow advance practice providers to prescribe buprenorphine which would allow HHS to begin testing other ways to improve access to buprenorphine throughout the country. AMCP will advocate that pharmacists with appropriate training and state licensure be included in the buprenorphine demonstration.