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HHS Eases Prescribing Requirements for Opioid Addiction Medication

While opioid overdoses continue to increase during the pandemic, the U.S. Department of Health and Human Services announced that it is easing rules related to the prescription of specific Schedule III, IV and V medications, including the opioid-dependence drug buprenorphine.

Under the new Practice Guidelines released last month, physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives, who are state-licensed and registered with the Drug Enforcement Administration to prescribe controlled substances, will be allowed to prescribe buprenorphine for opioid use disorder (OUD) without going through the previously mandated training course and waiver requirement.

In response to the barriers imposed by the prior training and waiver requirement, this exemption allows eligible practitioners to treat up to 30 patients with OUD using buprenorphine and without having to make certain training-related certifications, such as certifying as to their capacity to provide counseling and ancillary services.

Notably, providers are still required to submit an application designated as a "Notice of Intent" in order to prescribe buprenorphine for the treatment of OUD. Further, this exemption does not apply to the use of Schedule II medications, such as methadone. However, removing most of the administrative hurdles should increase the number of eligible providers to prescribe buprenorphine for OUD and help address the continuing addiction and overdose crisis in the United States.

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COVID-19 DISCLAIMER: As you are aware, as a result of the COVID-19 pandemic, things are changing quickly and the effect, enforceability and interpretation of laws may be affected by future events. The material set forth in this document is not an unequivocal statement of law, but instead represents our best interpretation of where things stand as of the date of first publication. We have not attempted to address the potential impacts of all local, state and federal orders that may have been issued in response to the COVID-19 pandemic.

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