MEDICATION-ASSISTED TREATMENT
CENTERS OF EXCELLENCE

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REMOVAL OF DATA WAIVER (X-WAIVER) REQUIREMENT: SAMHSA'S STATEMENT

Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of OUD. With this provision, and effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications). All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for OUD in their practice if permitted by applicable state law and SAMHSA encourages them to do so. SAMHSA and DEA are actively working on implementation of a separate provision of the Omnibus related to training requirements for DEA registration that becomes effective in June 2023.

Read the DEA's statement here

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UPCOMING EVENTS



SUD MAT PROJECT ECHO: THE PHARMACIST'S ROLE IN ADDRESSING OUD

FRIDAY, FEBRUARY 3RD FROM 12:00-1:00 PM

Project ECHO is straight-forward, specific and applicable. At every live session we explore active patient challenges from multiple perspectives. We each hold a piece of the puzzle and everyone is welcome to share experiences. You'll meet practitioners from across the state through a simple video interface and become part of a collegial community. You'll have a comfortable place to return and will build on what you're learning, month to month.

SUD MAT PROJECT ECHO: IMPLICATIONS OF THE X-WAIVER REMOVAL IN NJ

FRIDAY, FEBRUARY 10TH FROM 12:00-1:00 PM

Project ECHO is straight-forward, specific and applicable. At every live session we explore active patient challenges from multiple perspectives. We each hold a piece of the puzzle and everyone is welcome to share experiences. You'll meet practitioners from across the state through a simple video interface and become part of a collegial community. You'll have a comfortable place to return and will build on what you're learning, month to month.

OBAT MONTHLY SUD NAVIGATION SUPPORT CALLS

THURSDAY, JANUARY 19TH FROM 12:00-1:00 PM

The Camden Coalition offers monthly resources calls & skills labs to provide ongoing opportunity for OBAT navigators & other SUD navigators/case managers to continue learning through:

- Hour-long deep dive of particular content areas
- Discussion of (de-identified) patient cases & support thinking through patient engagement strategies, potential resources, & how to practice self-care while doing this work
- Presentations & sharing updated resources about relevant topics

These events take place every 3rd Thursday of the month from 12pm - 1pm

RECENT NEWS

REMOVAL OF DATA WAIVER (X-WAIVER) REQUIREMENT: DEA'S STATEMENT

DEA fully supports this significant policy reform of the elimination of the "DATA-Waiver Program." In this moment, when the US is suffering tens of thousands of opioid-related drug poisoning deaths every year, the DEA's top priority is doing everything in their power to save lives. The DEA's goal is for MOUD, to be readily and safely available to anyone in the country who needs it. The elimination of the X-Waiver will increase access to buprenorphine for those in need.

All DEA registrants should be aware of the following:

- A DATA-Waiver registration is no longer required to treat patients with buprenorphine for OUD.
- All prescriptions for buprenorphine only require a standard DEA registration number.
- There are no longer any limits or patient caps on the number of patients a prescriber may treat for OUD with buprenorphine.
- The Act does not impact existing state laws or regulations that may be applicable.

Separately, the Act also introduced new training requirements for all prescribers that will go into effect on June 21, 2023. Importantly, these new requirements do not impact the changes related to elimination of the DATA-Waiver Program described above.

THE GROWING EPIDEMIC OF OPIOID USE DISORDER IN THE ELDERLY AND ITS TREATMENT: A REVIEW OF THE LITERATURE

There is an increasing amount of people over the age of 65 (approximately 1 million) with OUD. Due to other comorbidities, older people with OUD may be at increased risk of side effects, overdose, and death. The objective of this review was to assess the safety and efficacy of MOUD in the elderly, which analyzed over 600 articles. This study found that with regards to methadone, there is limited application with its use given the risk of cardiac conduction abnormalities but that with buprenorphine and naltrexone, there are fewer interactions and few side-effects with these options in the elderly. Future studies should focus on the application of buprenorphine or naltrexone for MOUD in the elderly.



RECENT NEWS (CONT.)

PHYSICIAN-DELEGATED UNOBSERVED INDUCTION WITH BUPRENORPHINE IN PHARMACIES

This was a pilot study investigating the role of pharmacists in expanding access to buprenorphine with the use of collaborative practice agreements that allow prescribers to delegate evaluation and some treatment decisions to pharmacists in Rhode Island. **A feasibility pilot trial** was conducted involving 6 behavioral health pharmacies and 21 pharmacists who were trained to implement unobserved ("take-home") induction by the participant and to provide ongoing follow-up care at the pharmacy. Among the 100 patients, 60 were men, 34 were people of color, 44 were unhoused, and 76 had no reliable transportation. At the first induction visit, 80 patients were not having symptoms of withdrawal, and 20 patients reported mild symptoms. In this pilot trial, more than half the eligible patients engaged in pharmacies to initiate buprenorphine. Among those whose condition could be stabilized, retention in pharmacy-based care at 1 month was substantially higher than retention in usual care. Larger and longer comparative studies are needed to further investigate this promising role that pharmacists can have in managing buprenorphine through pharmacy-based care as compared with conventional and other care models.

ESTIMATING NALOXONE NEED IN THE USA ACROSS FENTANYL, HEROIN, AND PRESCRIPTION OPIOID EPIDEMICS: A MODELING STUDY



This modelling study looked to quantify the amount of naloxone needed to reduce the incidence of fatal overdoses at a community-level. It found that the need for naloxone differed by epidemic type, with fentanyl vs prescription opioids having the consistently highest probability of naloxone use during witnessed overdose events. Opioid epidemic type and how naloxone is accessed have large effects on the number of naloxone kits that need to be distributed, the probability of naloxone use, and the number of overdose deaths prevented. The extent of naloxone distribution, especially through community-based programs and pharmacy-initiated access points, warrants substantial expansion in nearly every US state.

New Jersey recently implemented a pilot program at participating community pharmacies, allowing individuals the ability to obtain naloxone anonymously and free-of-charge. For more information on this program, click here.

RECENT NEWS (CONT.)

NJ PILOT "NALOXONE 365" PROGRAM TO INCREASE PATIENT ACCESS TO NALOXONE IN COMMUNITY PHARMACIES

On Tuesday, January 10, during the 2023 State of the State Address, our Governor Phil Murphy released details that will enable every pharmacy in the state to provide one two-dose naloxone nasal spray kit to any person age 14 or over who requests it—no prescription necessary, cost-free, and anonymously without providing their name or a reason.

All physicians and providers can reduce opioid overdose deaths and protect patients by co-prescribing naloxone when a patient is considered to be at high risk of an overdose, and by sharing this information with patients, caregivers, and loved ones. This is an opportunity to further reduce the stigma associated with opioid use disorder— by providing naloxone counseling, caregiver training, and discussion points, interdisciplinary care teams can help increase availability of the life saving medication in communities.

Co-prescribing naloxone, and providing naloxone distribution information, is not a guarantee for an overdose reversal; however, it does not increase liability risk as it provides a tangible option for care that otherwise may not be available in a rapid manner. This can help reduce emergency department visits and support patient awareness of potential hazards of opioid misuse.

Counseling on naloxone administration to patients, caregivers, and loved ones can be facilitated by all health care professionals where relevant. A basic counseling script for naloxone nasal spray is available on our Southern NJ MAT Center of Excellence website for interdisciplinary care teams, in addition to an infographic to consider printing and sharing with patients, caregivers, and loved ones.

Please also find this resource that is required to be distributed by pharmacists upon dispensing naloxone with this pilot program: Click here.