

PAs and Buprenorphine in Opioid Treatment Programs

Buprenorphine is a Schedule III controlled medication which is commonly used to treat patients with opioid use disorder as part of medication-assisted treatment (MAT). Buprenorphine is an opioid partial agonist, which means the medication produces similar, but weaker, effects to traditional opioid drugs. It also produces a “ceiling effect,” in which the opioid effects level off even if dosage is increased.¹ In the U.S., buprenorphine used for MAT is typically combined with naloxone, which limits misuse and diversion by blocking withdrawal symptoms when taken as prescribed but producing a withdrawal response when tablets are crushed and injected.² When used in combination with counseling and behavioral therapy, buprenorphine is considered safe and highly effective in treating individuals who struggle with opioid dependency.³

Buprenorphine was previously available only through opioid treatment programs (OTPs) certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) or when prescribed by office-based physicians with a waiver from the Drug Enforcement Administration (DEA). In 2016, the Comprehensive Addiction and Recovery Act (CARA) amended federal law to allow PAs to apply for a DEA waiver to prescribe buprenorphine in office settings. PAs seeking a waiver must complete 24 hours of training and practice in collaboration with a physician who is eligible for a waiver, though the law does not require the physician to actually be waived. The waiver program for PAs was expanded and made permanent in 2018 as part of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act. Today, PAs who receive the DEA waiver may prescribe buprenorphine for up to 30, 100, or 275 patients, depending on the PA’s practice setting and buprenorphine prescribing experience.

The enactment of CARA and the subsequent passage of the SUPPORT Act have increased the number of prescribers available to provide MAT. However, the waiver process means PAs who treat patients using MAT must be aware of the requirements for the setting in which they practice. PAs who work in an office setting must ensure they are collaborating with a physician who is waiver-eligible, as required by federal law. At the same time, they should note their state’s laws and regulations. Some states prohibit PAs from practicing or prescribing outside of their collaborating physician’s scope or typical practice, while others have specific limitations on PAs prescribing buprenorphine or MAT. PAs in these states must comply with state laws and regulations, even if they are more restrictive than the federal law.

PAs who work in SAMHSA-certified OTPs have different requirements. Practitioners at OTPs order and dispense medications (including buprenorphine), but they do not prescribe. PAs that practice in OTPs are not required to have a DEA waiver to order the dispensing of buprenorphine; however, individual OTPs must apply to SAMHSA through their State Opioid Treatment Authority (SOTA) for an exception to allow PAs to write orders, admit patients, and order the dispensing of approved medications.⁴

A list of state SOTAs can be found [here](#). More information on seeking a SAMHSA exception can be found [here](#).

PAs are more equipped than ever to have a positive impact on the nation's opioid crisis, but it is imperative that PAs seeking to provide access to MAT are aware of the relevant state and federal laws and regulations.

¹ SAMHSA. Buprenorphine <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>. Accessed December 19, 2017.

² Orman JS, Keating GM. Buprenorphine/naloxone: a review of its use in the treatment of opioid dependence. *Drugs*. 2009;69(5): 577-607.

³ SAMHSA. Buprenorphine <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>. Accessed December 19, 2017.

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