

New Buprenorphine Practice Guidelines: FAQs

Expanding Access to Treatment for Opioid Use Disorder

On April 28, 2021, the Department of Health and Human Services (DHHS) released [new practice guidelines](#) regarding the prescribing of buprenorphine, a controlled medication proven to reduce withdrawal symptoms, improve mortality, and increase remission in patients with Opioid Use Disorder (OUD). The new guidelines are a first step to removing long-standing barriers and stigma related to treating patients with OUD and will allow clinicians to prescribe buprenorphine more easily.

Background

Historically, Medication-Assisted Treatment (MAT) with buprenorphine has been underutilized. To prescribe buprenorphine, physicians have been required to complete 8 hours of training to obtain an 'X-Waiver'; NPs/PAs must complete 24 hours of training. Just 5% of all providers in the United States have completed this training, making it extremely difficult for patients to find an X-Waivered clinician who can prescribe them buprenorphine. The lack of access is most notable in rural areas, where the opioid crisis is most acute. The X-Waiver effectively marginalized patients with OUD as having a 'special condition' separate from all other regularly treated chronic medical disorders.

Currently, hospitalists may admit patients with OUD and initiate buprenorphine therapy during hospitalization without an X-Waiver. At discharge, however, hospitalists without X-Waivers cannot write a bridge prescription that will enable patients to find providers to continue with outpatient treatment. Patients with OUD on buprenorphine have much lower rates of overdose death compared to untreated patients, making this a matter of life or death.

What is changing?

The new guidelines provide an exemption from the X-Waiver requirements related to training, counseling, and other ancillary services. Physicians and NPs/PAs can now receive an X-Waiver and are able to prescribe buprenorphine without completing the previously required training.

- Practitioners utilizing the exemption are limited to treating no more than 30 patients at one time.
- A [Notification of Intent \(NOI\)](#) must be submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) prior to dispensing or prescribing the treatment medication. Practitioners who [submit the NOI](#) will be exempted from X-Waiver training requirements.

Clinicians will still need to complete the X-Waiver training if they plan to treat more than 30 patients with buprenorphine.

Who is eligible to submit the Notification of Intent (NOI) and become X-Waivered under the new guidelines?

This exemption is available to physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives so long as they (1) are licensed under state law and (2) possess a valid DEA registration. Clinicians must also follow state law on collaboration and supervision by physicians.

Why is this important for hospitalists?

OD is prevalent and will require all clinicians to take ownership of identifying and treating this patient population. Hospitalization presents a reachable moment for many patients with OD and is a good opportunity to initiate buprenorphine therapy. Waivered hospitalists can prescribe buprenorphine treatment at discharge, giving patients a bridge to resources in the community. The hospitalist can hand off to primary care providers (PCPs) and be drivers for outpatient adoption by requesting that PCPs continue this appropriate therapy. Since hospitalists will not be the long-term prescriber for OD patients, the 30-patient limit may be a reasonable way to start a buprenorphine prescribing practice for discharging patients at more US hospitals.

Hospitalists can help drive societal change by removing treatment barriers for patients and mitigating the stigma against being an X-Waivered clinician. By becoming X-Waivered and promoting it to others, they can more effectively initiate treatment for patients with OD and help ensure resources are available in the community setting.

What will SHM be doing?

SHM will help provide information and education about screening for and initiating MAT with buprenorphine in hospital settings as it comes available. SHM will continue to advocate for elimination of the X-Waiver, consistent with its advocacy efforts over the last few years. We will also work to clarify how the 30-patient limitation impacts hospitalists and, if necessary, advocate for changes to align with the needs of hospitalized patients.

What can hospitalists do now?

Submit your [Notification of Intent \(NOI\)](#) through SAMHSA—you will need:

- Your DEA Number
- Your State Medical License Number

When submitting the NOI, physicians should select “Other” in Certification of Qualifying Criteria, enter “practice guidelines” in the text box for the city of training, and use the application date as the training date. NPs and PAs should check SAMHSA’s Providers Clinical Support System (PCSS) in Certification of Qualifying criteria and then enter “practice guidelines” in the text box for the date.

Additional Resources and Information

Federal Register: Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder (webpage)

SAMHSA: Become a Buprenorphine Waivered Practitioner (webpage)

Hospital Buprenorphine Program for Opioid Use Disorder Is Associated With Increased Inpatient and Outpatient Addiction Treatment (article in *Journal of Hospital Medicine*)

SAMHSA: Providers Clinical Support System (education and resources) (website)

SAMHSA: Buprenorphine Quick Start Guide (PDF)

SAMHSA: Buprenorphine Quick Start Pocket Guide (PDF)

When the X-Waiver Gets X’ed: Implications for Hospitalists (article in *The Hospitalist*)

The Hospitalist Role in Treating Opioid Use Disorder (article in *The Hospitalist*)