

Questions Asked During Live Webinar Broadcast on 4/27/2021



The Intersection of DEA, Opioids, and MAT

Presenter: Dennis Wichern

What is the definition of “treating 30 or 100 patients?” How does the DEA quantify this? Is it per prescription? Per month? Per year?

A: SAMHSA sets the patients not DEA, but I understand it to mean that the provider cannot treat/maintain more than 30 or 100 total MAT patients at any given time in their practice. An exact SAMHSA definition could possibly be obtained at infobuprenorphine@samhsa.hhs.gov

How does the DEA view Subutex? Any concerns?

A: DEA views Subutex as any other controlled substance that can possibly be misused.

Are jails eligible to obtain an OTP license? If so, what are the steps/requirements to do so?

A: I’m unsure but SAMHSA would know the answer at <https://www.samhsa.gov/medication-assisted-treatment/about-dpt/otp-compliance-officers>

Where can I find the regulation for opioids prescription treatment?

A: Contact SAMHSA at infobuprenorphine@samhsa.hhs.gov

If someone in jail is prescribed 7 days’ worth of buprenorphine then released after two days, does the DEA regulate/provide guidance on whether the jail must provide the patient with their 5 remaining doses to take with them upon release?

A: Unsure on the answer. This should be worked out with the jail, the prescriber and the filling pharmacy. SAMHSA at infobuprenorphine@samhsa.hhs.gov could be helpful.

How do these limits affect access? Particularly in areas where we have very few healthcare providers?

A: I would suggest contacting SAMHSA at infobuprenorphine@samhsa.hhs.gov because of the technical aspects of your question.

How long do you have after an order expires to dispose of a controlled substance? My providers are anxious about disposing of SUBLOCADE too soon and getting pushback from the insurance companies if the client returns.

A: There is no time limit that I am aware of. This is a technical question that should be worked out between provider and the insurance company. SAMHSA at infobuprenorphine@samhsa.hhs.gov could possibly be helpful.

Is there information for jails on prescribing, dispensing, and storing MOUD?

A: SAMHSA at infobuprenorphine@samhsa.hhs.gov would be the best agency to answer this question.

Could a residential treatment program that is not an OTP/NTP maintain a patient on methadone that the patient is prescribed/ brings in from another OTP/NTP provider? In other words, the residential treatment program would be storing and administering the methadone, but not prescribing.

A: Unsure. SAMHSA at <https://www.samhsa.gov/medication-assisted-treatment/about-dpt/otp-compliance-officers> could possibly answer this question.

Thoughts about SUBLOCADE in office?

A: Records should be kept in the office pertaining to the receipt and the dispensing of the Sublocade.

