January 4, 2021

Timothy J. Shea
Acting Administrator
Drug Enforcement Administration
Department of Justice
8701 Morrissette Drive, Springfield, VA 22152

Re: Implementation of the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018: Dispensing and Administering Controlled Substances for Medication-Assisted Treatment

Dear Mr. Shea:

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 6,600 physicians and associated health professionals who specialize in the prevention and treatment of addiction, thank you for the opportunity to provide comments on the Interim Final Rule on the Implementation of the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018: Dispensing and Administering Controlled Substances for Medication-Assisted Treatment (the "Interim Final Rule").

The Interim Final Rule implements, among other policies, Sec. 3204 of the SUPPORT Act, which amends the Controlled Substances Act to set forth the conditions under which a pharmacy may deliver a controlled substance to an administering practitioner. The intent of this section was to expand access to long acting injectable/implantable ("LAI") buprenorphine products by creating an alternative to the "buy and bill" delivery system for these products. With that intent in mind, and knowing that the Government Accountability Office's August 2020 Report on Treatment with Injectable and Implantable Buprenorphine revealed both low uptake and low diversion risk of these products,[i] ASAM respectfully recommends that DEA:

(1) Increase the number of days a practitioner can administer LAI buprenorphine after receipt of the medication pursuant to authority granted under the SUPPORT Act;
(2) Clarify that practitioners who are not DATA-waived can administer LAI buprenorphine pursuant to a lawful prescription by a DATA-waived practitioner; and
(3) Treat pharmacists as a practitioner who may administer long-acting injectable (not implantable) buprenorphine to the extent authorized by state law.

Taken together, this change and these clarifications can help maximize access to LAI buprenorphine products, particularly for patients in rural areas who may lack access to reliable transportation, and those being treated via telemedicine during the COVID-19 Public Health Emergency, whose prescribing practitioners may be unavailable to administer the medication.

If you have any questions or concerns, please contact Susan Awad, Director, Public Policy and Regulatory Affairs at sawad@asam.org or 301-547-4106.

Sincerely,

Paul Earley, MD, DFASAM
President, American Society of Addiction Medicine

[i] *Opioid Use Disorder: Treatment with Injectable and Implantable Buprenorphine*, GAO (Aug. 2020), https://www.gao.gov/assets/710/708581.pdf