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Chief Executive Officer

February 13, 2023

President Joseph R. Biden
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear President Biden:

On behalf of ASHP's more than 60,000 pharmacists, student pharmacists, and pharmacy technician members, we thank you for using your State of the Union address to highlight the urgent need to address our nation's opioid epidemic. As you said in your address, let's finish the job. Below are immediate actions your administration can take, without the need for additional legislation, to utilize pharmacists as clinical care providers in our nation's struggle against opioid use disorder (OUD):

- 1. Use your authority under the Public Readiness and Emergency Preparedness (PREP) Act to authorize pharmacists, as part of a physician-led care team, in every state to initiate medications for opioid use disorder (MOUDs), such as buprenorphine, and taper and discontinue use of opioids.**

While the recent passage of the Mainstreaming Addiction Treatment Act removed the X-waiver, a federal barrier to pharmacist prescribing of MOUDs, 39 states still prohibit pharmacists from initiating MOUDs, such as buprenorphine, which is a controlled substance. This also prevents pharmacists from managing patient treatment plans to taper and discontinue use of opioids. Authorizing pharmacists under the PREP Act to initiate, modify, and administer MOUDs, as well as medications to manage withdrawal symptoms and opioid-related side effects, and to taper opioid therapy as part of a physician-led care team, would substantially broaden access to these lifesaving treatments and reduce the risk of opioid misuse. A recently published study in the *New England Journal of Medicine* demonstrated that pharmacist-initiated buprenorphine induction, through unobserved physician delegation, resulted in higher rates of follow up and continuity of care for patients with OUD.¹

- 2. Issue a PREP Act declaration authorizing pharmacists in every state to co-prescribe naloxone when dispensing opioids to patients at risk of experiencing an overdose.**

The Department of Health and Human Services (HHS) has raised concern that less than 1% of patients for whom naloxone should be co-prescribed actually receive a prescription for this lifesaving drug.² HHS should issue a PREP Act declaration authorizing pharmacists to

¹ [N Engl J Med 2023;388:185-186. DOI: 10.1056/NEJMc2208055.](https://doi.org/10.1056/NEJMc2208055)

² <https://www.hhs.gov/system/files/naloxone-coprescribing-guidance.pdf>

independently co-prescribe naloxone when dispensing opioids to patients with a prescription for high-dose opioids, respiratory conditions such as COPD or obstructive sleep apnea, a prescription for benzodiazepines, a non-opioid substance use disorder, a behavioral health disorder, or otherwise at high risk for experiencing an opioid overdose.

3. Require Medicare to reimburse physicians and health systems for medication management services related to treatment of OUD, provided incident to the physician, by a pharmacist on their care team.

Current regulations from the Centers for Medicare & Medicaid Services (CMS) prevent physicians from billing for complex evaluation and management services (99212-99215), such as management of MOUDs, medications to manage withdrawal symptoms, medications to treat opioid-related side effects, and tapering and discontinuation of opioid therapy, when those services are provided by a pharmacist incident to the physician.

To support physician-led care teams in utilizing pharmacists as medication experts to manage medications for the treatment of OUD, CMS should modify its regulations to allow physicians to bill for complex evaluation and management services (99212-99215) when provided by a pharmacist incident to the physician. If this is not possible, CMS should identify alternate codes that physicians can use when a pharmacist on the care team provides these services.

4. Allow prescribers to initiate MOUDs via telehealth.

During the COVID-19 public health emergency, the Drug Enforcement Administration (DEA) waived the Ryan Haight Act to allow prescribers to initiate treatment with schedule II-V controlled substances, including MOUDs, via telehealth. This flexibility should be made permanent when the public health emergency ends in order to maintain and expand access to MOUDs.

5. Allow physicians to provide direct supervision of pharmacist services virtually.

During the COVID-19 public health emergency, CMS allowed physicians to provide direct supervision of pharmacist services virtually. CMS should make this flexibility permanent in order to empower physicians to leverage pharmacists on their care team for treatment of OUD, including opioid tapering and discontinuation, and the management of MOUDs and medications for treatment of opioid-induced side effects, including via telehealth.

6. Allow patients to fill prescriptions for methadone for the treatment of OUD at their pharmacy.

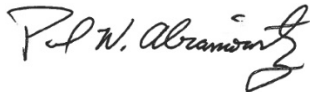
DEA regulations currently require patients to access methadone for treatment of OUD only from designated opioid treatment programs. This severely limits patient access to methadone as a treatment for OUD. Pharmacies are already able to dispense methadone for treatment of pain. Modifying DEA's regulations to allow pharmacies to dispense methadone for treatment of OUD would significantly expand patient access to needed treatment.

7. Engage professional associations in educational campaigns regarding naloxone, MOUDs, and other efforts to address the opioid epidemic.

ASHP stands ready to support the government's efforts to reach American communities with educational campaigns related to naloxone, MOUDs, and other efforts aimed at mitigating the opioid epidemic. We have the capacity to extend and amplify the reach of content created through our patient-facing website, [safemedication.com](https://www.safemedication.com). Written by pharmacists, the easy-to-read articles include information about medications and answer common patient safety questions.

Thank you again for recognizing the need to address our nation's opioid epidemic. We urge you to fully utilize pharmacists, the medication use experts, to expand access to needed treatments for OUD.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul W. Abramowitz". The signature is fluid and cursive, with a prominent initial "P" and a stylized "W".

Paul W. Abramowitz