



May 4, 2021

Neeraj Gandotra, MD
Chief Medical Officer
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane 18E67
Rockville, MD 20857

Dear Dr. Gandotra:

I am writing on behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP) regarding the Department of Health and Human Services *Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder* (OUD). We applaud the Department for recognizing the urgency of the OUD crisis in our country and putting forth this guidance to remove obstacles and increase access to Medication-based Opioid Use Disorder Treatment (MOUD) for the multitude of Americans in need of treatment. However, we believe the *Practice Guidelines* mistakenly leave out our member pharmacists who are highly trained substance use disorder treatment providers in collaborative practice arrangements with physicians. We urge you to consider adding psychiatric pharmacists to the list of exempt providers allowed to administer buprenorphine under the practice guidelines.

Like other health care professionals such as physicians or nurse practitioners, pharmacists can specialize and may work in various settings including hospitals and outpatient clinics. CPNP is a professional association of nearly 3,000 members who are predominantly Board Certified Psychiatric Pharmacists (BCPPs) that specialize in psychiatry, substance use disorders, psychopharmacology, and neurology. Psychiatric pharmacy is a specialty within clinical pharmacy. Psychiatric pharmacists graduate with a Doctor of Pharmacy degree which requires six to eight years of higher education. They are board certified and residency-trained mental health care professionals and have more training specific to medication use than any other health care specialist. This specialized training in direct patient care and medication management prepares them to treat the complete range of psychiatric and substance use disorders. Psychiatric pharmacists work as treatment team members but also in decision-making and leadership roles in state and federal organizations, academia, and industry settings.

As you know, the need for substance use services, including for opioid use disorders (OUD), is greater than ever and services are not keeping up with demand. Deaths due to drug overdose have increased more than threefold over the past 19 years (from 6.1 deaths per 100,000 people

in 1999 to 20.7 deaths per 100,000 people in 2018).¹ One of the most insidious effects of the COVID-19 crisis is its impact on efforts to fight the opioid epidemic. CDC estimates that more than 81,000 drug overdose deaths occurred in the twelve months ending in May 2020.² At the same time patients are facing external stressors that can trigger relapse and the public health emergency has upended existing MOUD programs, which were already struggling to meet patient need.

Because of their specialized training in pharmacology, pharmacokinetics, and drug-drug and drug-disease interactions, psychiatric pharmacists are well positioned to partner, as a member of the health care team, with primary care providers, psychiatrists, and other health care professionals. They make recommendations on initial prescribing and dosing, identify and resolve medication-related problems, and increase the number of patients who can be treated by providing medication management and counseling, monitoring, and routine follow-up visits for individuals with mental health and SUDs, including MOUD. Psychiatric pharmacists also promote preventive health care, medication adherence, and lifestyle modification. Value provided by psychiatric pharmacists includes improvements in patient symptoms, increased medication adherence rates, increased patient satisfaction, and the potential to reduce health care costs.

Psychiatric pharmacists have a deep understanding of MOUD that extends beyond that of most other health care providers. When included in the provision of MOUD services, psychiatric pharmacists' involvement has been demonstrated to improve patient adherence and success with buprenorphine treatment for opioid use disorders; reduce per patient dosing of buprenorphine through improved medication management, monitoring and titration; and reduce overall costs for treating patients with SUDs by relieving providers from delivering services including medication management, counseling, monitoring and follow-ups.

While psychiatric pharmacists are included under the federal guidelines as a recommended practitioner to dispense and administer opioid agonist and antagonist treatment medications,³ their expertise and value extends far beyond their dispensing and administration capabilities. Psychiatric pharmacists working in collaboration with physicians to the fullest extent of their license and scope of practice is a proven method to increase access to treatment, optimize patient care, improve medication adherence and reduce treatment costs.⁴ Services performed by psychiatric pharmacists - prescribing of or consultation on proper medication use and dosing, patient evaluations and follow-up for medication response and adherence, medication

¹ Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database. Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.

² CDC Press Release. Overdose Deaths Accelerating During COVID-19: Expanded Prevention Efforts Needed. 12.17.2020. Accessed at <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>.

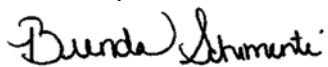
³ Substance Abuse and Mental Health Services Administration. Federal Guidelines for Opioid Treatment Programs. HHS Publication No. (SMA) PEP15-FEDGUIDEOTP. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. Available at: <https://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP>

⁴ DiPaula, Bethany A. Menachery, Elizabeth et al. Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients. Journal of the American Pharmacists Association, Volume 55, Issue 2, 187 - 192

management including modifications to avoid adverse reactions and drug interactions, and medication education or counseling for patients and their caregivers - are an integral part of ensuring patients receive proper MOUD for OUDs.

CPNP believes psychiatric pharmacists have appropriate and sufficient training and experience working with patients with OUD as part of a care team and therefore respectfully requests the Department of Health and Human Services to consider including psychiatric pharmacists on the list of exempted health care professionals that can administer buprenorphine under the practice guidelines. If you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at laura.hanen@faegredrinker.com or 202-230-5385.

Sincerely



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