Updated Guidance from the Center for Substance Abuse Treatment (CSAT),
Division of Pharmacologic Therapies (DPT)

Opioid Treatment Program (OTP) Guidance

Also available here: https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf

SAMHSA recognizes the evolving issues surrounding COVID-19 and the emerging needs OTPs continue to face.

SAMHSA affirms its commitment to supporting OTPs in any way possible during this time. As such, we are expanding our previous guidance to provide increased flexibility.

FOR ALL STATES WITH DECLARED STATES OF EMERGENCY

The state may request blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient’s medication for opioid use disorder.

The state may request up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.

FOR STATES WITHOUT A DECLARED EMERGENCY

Each OTP can provide a blanket exemption request for its clinic per the guidance above (i.e., up to 28 days for stable patients and up to 15 days for less stable patients).

These requests do not have to be submitted on a per-patient basis. Programs and states should use appropriate clinical judgment and existing procedures to identify stable patients. Please note an increased medication supply will likely accompany these requests. Therefore OTPs and states must ensure that there is enough medication ordered and on hand to meet patient needs.
Use of Telemedicine While Providing Medication Assisted Treatment (MAT)

Also available here: https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/telemedicine-dea-guidance.pdf

Under the Ryan Haight Act of 2008, where controlled substances are prescribed by means of the Internet, the general requirement is that the prescribing Practitioner must have conducted at least one in-person medical evaluation of the patient. U.S.C. § 829(e). However, the Act provides an exception to this requirement. 21 U.S.C. § 829 (e)(3)(A).

Specifically, a DEA-registered Practitioner acting within the United States and its territories is exempt from the requirement of an in-person medical evaluation as a prerequisite to prescribing or otherwise dispensing controlled substances by means of the Internet if the Practitioner is engaged in the practice of telemedicine and is acting in accordance with the requirements of 21 U.S.C. § 802(54)...

Under 21 U.S.C. § 802(54)(A),(B), for most (DEA-registered) Practitioners in the United States, including Qualifying Practitioners and Qualifying Other Practitioners (“Medication Assisted Treatment Providers”) who are using FDA approved Schedule III-V controlled substances to treat opioid addiction, the term “practice of telemedicine” means the practice of medicine in accordance with applicable Federal and State laws, by a practitioner (other than a pharmacist) who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient using a telecommunications system referred to in (42 C.F.R. § 410.78(a)(3)) which practice is being conducted:

A. While the patient is being treated by, and physically located in, a DEA-registered hospital or clinic registered under 21 U.S.C. § 823(f) of this title; and by a practitioner
-who is acting in the usual course of professional practice;
-who is acting in accordance with applicable State law; and
-is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.

OR

B. While the patient is being treated by, and in the physical presence of, a DEA-registered practitioner
-who is acting in the usual course of professional practice;
-who is acting in accordance with applicable State law; and
-is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.

Please be advised that the remote Practitioner engaged in the practice of telemedicine must be registered with the DEA in the state where they are physically located and in every state.
where their patient(s) is (are) physically located. 21 U.S.C. § 822(e)(1); 21 C.F.R. § 1301...12(a); Notice 69478 Federal Register / Vol. 71, No. 231 / Friday, December 1, 2006.

Also be advised that all records for the prescribing of an FDA approved narcotic for the treatment of opioid addiction need to be kept in accordance with 21 C.F.R. § 1304.03(c), 21 C.F.R. § 1304.21(b), and with all other requirements of 21 C.F.R. Part 1300 to End.

Please note that while this document reflects DEA’s interpretation of the relevant provisions of the Controlled Substances Act (CSA) and DEA regulations, to the extent it goes beyond merely reiterating the text of law or regulations, it does not have the force of law and is not legally binding on registrants. Because this document is not a regulation that has the force of law, it may be rescinded or modified at DEA’s discretion.