

The feds just removed restrictions around prescribing a popular addiction medication. What does it mean for patients?

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People struggling with opioid addiction will now be able to access an addiction treatment drug from any physician licensed to prescribe

controlled substances, rather than having to seek out doctors with specialized credentials.

The [federal government](#) last week lifted restrictions on who can prescribe the [opioid](#) buprenorphine to treat [addiction](#), thanks to a legal change pushed by the Biden administration to decrease barriers to addiction care.

In Philadelphia, which has one of the nation's worst [opioid addiction](#) crises, [health officials](#), advocates and physicians have long pushed for more widespread prescribing of buprenorphine. In 2021, a record 1,276 people died of overdoses here.

But for years, national and local officials have said the need far outstrips the number of doctors licensed to prescribe buprenorphine in Philadelphia. In 2018, the federal Substance Abuse and Mental Health Services Administration designated Philadelphia as a county in "high need" of buprenorphine providers.

As of November 2020, the Pew Charitable Trusts reported, about 6% of Philadelphia physicians had the "X-waiver," a special license to prescribe buprenorphine—a relatively high percentage compared with other cities and counties, but a low percentage compared with the need. And just 24% of providers with an X-waiver in September 2020 were actually prescribing the drug to patients.

Here's a primer on buprenorphine, how it works, and what lifting prescription regulations means for patients and their physicians.

What is buprenorphine?

Buprenorphine, sold under such brand names as Sublocade and Suboxone, is an opioid. It can be prescribed to treat pain, but is also

effective in treating opioid addiction.

For people who aren't used to taking opioids, buprenorphine can produce a pleasurable high, and, like all opioids, it can slow a person's breathing. But the risk of an overdose is much lower. For people who are already used to taking opioids, buprenorphine blunts the powerful cravings and pain of withdrawal.

What restrictions existed around prescribing buprenorphine?

All physicians who prescribe any controlled substances, like opioid painkillers, must have a license from the Drug Enforcement Agency.

But until this year, physicians who wanted to prescribe buprenorphine also had to obtain an X-waiver, a separate DEA license, which also capped the number of patients they could prescribe to. The X-waiver required doctors to undergo eight hours of training before they could prescribe buprenorphine.

In 2021, the Biden administration lifted the training requirement for providers who wanted to prescribe buprenorphine to fewer than 30 patients.

What are the new requirements for prescribing buprenorphine?

Now, anyone with a DEA license can prescribe buprenorphine without any limits on the number of patients. Any physician applying for a DEA license beginning this summer will have to complete a onetime, eight-hour training session on how to manage pain and treat patients with [substance use disorders](#).

The training on addiction treatment is crucial, said Jeanmarie Perrone, an emergency medicine physician at the University of Pennsylvania, and the school's director of the Division of Medical Toxicology and Addiction Medicine Initiatives.

"Fifteen years ago, if doctors had received honest information about the risk of addiction from prescribing opioids associated with the DEA license that controlled them, maybe we wouldn't be where we are now," she said.

What do the new requirements mean for doctors and patients?

For years, Perrone has spearheaded programs to encourage Penn's emergency physicians to get the x-waiver. Now, she says, the new requirements may help doctors approach addiction treatment as an essential part of primary care.

"We want more generalists to do this—we want this to be part of primary care," she said.

For patients, the removal of the X-waiver means they have more options to obtain addiction treatment medications, Perrone said.

In hospitals, patients being discharged who need a buprenorphine prescription will no longer have to wait for a doctor who can prescribe it to start a shift, she said. Now, that same patient can get all prescriptions written by the same person at discharge.

Still, in Philadelphia, the X-waiver's removal isn't a panacea. Penn runs a program called CareConnect that's designed to get patients buprenorphine almost immediately; while staff there do help patients

who have lost access to their medication because a [physician](#) has left a practice, other patients report difficulties getting their medication that have little to do with the X-waiver.

Some pharmacies have refused to stock [buprenorphine](#), and some treatment programs have long waiting lists or will not immediately provide the medication. Some [patients](#) can't keep up with prescriptions because they don't have adequate shelter or transportation.

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