1. By direction of the Office of the Under Secretary for Health, the purpose of this Veterans Health Administration (VHA) notice is to call for immediate action within every Veterans Integrated Service Network (VISN) and VA medical facility to increase access to and remove barriers to prescribing medications for treatment of opioid use disorder (OUD). The national opioid epidemic represents one of the leading preventable causes of morbidity and premature death in the United States. Veterans treated in VHA die of drug overdose at almost twice the national rate of the general population. Medication for OUD, commonly referred to as medication assisted treatment, reduces the risk of overdose and all-cause mortality and is strongly recommended as first-line treatment by VA-DoD Clinical Practice Guidelines, but it is not universally offered within VHA points of care outside of Substance Use Disorder (SUD) treatment programs.

2. To increase access to OUD treatment, X-waivered prescribers must be allowed to provide buprenorphine products for OUD across clinical settings. To accomplish this, within the next 60 days the VA medical facility Directors must complete the following actions:

   a. Remove VA medical facility prohibitions of OUD care outside of substance use disorder (SUD) specialty care settings. Prescribing of buprenorphine products by X-waivered prescribers in their clinical settings must be allowed, including but not limited to Primary Care, Mental Health, Community-based Outpatient Clinics, and Specialty Care environments (e.g., Pain Clinics and Emergency Departments).

   b. A delineated privilege for prescribing buprenorphine will no longer be required. Privilege forms must be updated to remove prescribing of buprenorphine as a delineated privilege, as applicable. The VA medical facility Director, in collaboration with their clinical leadership must ensure that those staff prescribing buprenorphine have the appropriate Drug Enforcement Administration (DEA) X-waiver license which is current, unrestricted, and has been primary source verified in the electronic credentialing record (i.e., VetPro). In accordance with VHA policy and Medical Staff Bylaws, if a provider is notified of any pending, proposed, or actual change in their DEA licensure status, they must notify their supervisor as soon as able, but no longer than 15 days after notification of the provider by the DEA. Failure to notify the supervisor may lead to an adverse action. Additionally, it is the provider’s responsibility to prescribe only as legally permitted by their DEA license and any practice beyond what is permitted also will result in an adverse action. **NOTE:** If a provider currently has a delineated privilege for buprenorphine prescribing, a modification of privileges is not required at this time. The provider would only be asked to complete the updated privilege form at the time of reprivileging which would no longer list prescribing of this medication as a delineated privilege.
c. VA medical facilities are encouraged to monitor prescribing practices of this medication and others through use of Academic Detailing’s Buprenorphine Provider or Patient reports, routine Ongoing Professional Practice Evaluation (OPPE), or other strategies.

d. As treatment for OUD may require access to a broader continuum of SUD services, review local operating procedures and remove any modifiable barriers for Veterans to access SUD treatment programs. The presence of medical illness when not an identified contraindication to medications for the treatment of OUD must not be a barrier to treatment. Further, the presence of SUD must not be a barrier to other medical care when clinically indicated. If a provider does not possess the necessary skills to manage all of a patient’s clinical needs, the expectation is for timely, collaborative co-management with providers who have the required expertise.

e. Review local operating procedures to ensure that every Veteran who would benefit from medication for the treatment of OUD is evaluated by a prescriber and offered medication as part of their treatment. **NOTE:** In accordance with VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, dated August 14, 2009, or subsequent policy, signature informed consent must be obtained prior to prescribing buprenorphine.

3. Finally, multiple strategies are needed to promote high quality, timely OUD treatment. Recommended strategies may include, but are not limited to:

a. Reducing caseload expectations for those who provide Medical Management for OUD,

b. VA medical facility Directors fully staffing Primary Care Mental Health Integration Care Management to support implementation of the Collaborative Care model for OUD,

c. Providing incentive special pay for providers who obtain a X-waiver and prescribe buprenorphine to treat OUD, and

d. Reviewing staffing levels and the SUD continuum of care to ensure programming is meeting the current population need.

4. Within 60 days of the date of this notice, VA medical facility Directors must validate specific steps taken in response to this memo by providing a status update at: https://vhacdwweb05.vha.med.va.gov/surveys/?s=LCNXT37A73. **NOTE:** This is an internal VA Web site that is not available to the public. For questions, please contact Karen Drexler, MD, National Mental Health Program Director-Substance Use Disorders (SUD), (karen.drexler@va.gov) or Adam Gordon, MD, Director, Medication Addiction Treatment in VA (MAT-VA), (adam.gordon@va.gov).

5. This VHA notice will be archived as of October 31, 2020.

**NOTE:** The Academic Detailing Services (ADS) has developed multiple tools to assist facilities with identifying X waivered providers and managing patients receiving
buprenorphine from VA. General Data Tools Page: https://vaww.portal2.va.gov/sites/ad/Dashboards/Site%20Pages/Home.aspx. NOTE: This is an internal VA Web site that is not available to the public. The ADS Buprenorphine Prescriber / X Waiver Provider Report can be used to identify buprenorphine prescribers and providers with an X waiver, and view VA buprenorphine patient caseloads at a given VA medical facility. The ADS Buprenorphine Patient Report is designed to assist providers in managing their buprenorphine patient panels by displaying a summary of relevant clinical information (e.g., recent Urine Drug Screens, labs, buprenorphine fill history, patient risk level, upcoming appointment dates, etc.) for patients who have recently received buprenorphine. Link to the report for identifying buprenorphine X waivered providers: https://spsites.cdw.va.gov/sites/PBM_AD/_layouts/15/ReportServer/RSViewerPage.aspx?rv:RelativeReportUrl=/sites/PBM_AD/AnalyticsReports/OUD/OUD_XWaiver_BupPrescriberReport.rdl. NOTE: This is an internal VA Web site restricted to those with access to CPRS, that is not available to the public.

BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:

/s/ Renee Oshinski
Acting Deputy Under Secretary for Health for Operations and Management

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