
PRESCRIBING BUPRENORPHINE IN 2021-2022

Michigan Opioid Collaborative

BECOMING WAIVERED IN 2021

Qualified practitioners include physicians, Nurse Practitioners (NPs), Physician Assistants (PAs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetist (CRNAs), and Certified Nurse-Midwives (CNMs)

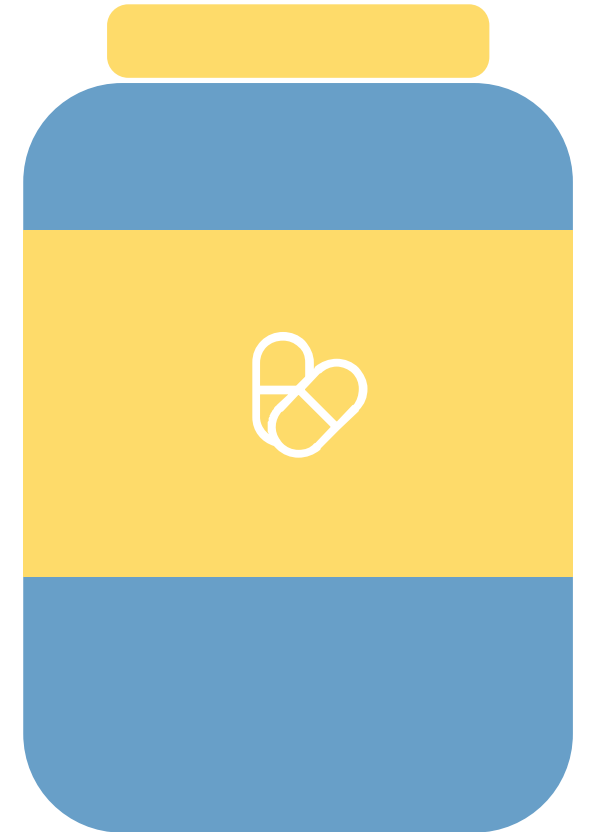
To:

ADMINISTER

DISPENSE

PRESCRIBE

Practitioners must notify [SAMHSA's Center for Substance Abuse Treatment \(CSAT\)](#), [Division of Pharmacologic Therapies \(DPT\)](#) of their intent to practice this form of medication-assisted treatment (MAT)



TIPS

- Be sure to have your DEA license and state medical license numbers available.
- When asked for your address be sure to use your clinic address. If you are practicing at more than one address, use your main location or whichever you use for your DEA license.
- Do not use your personal number, use clinic phone numbers where applicable.

NOI (NOTICE OF INTENT)

How to apply



NEW PRESCRIBING CONSIDERATIONS

- Providers submitting an NOI will receive the DATA 2000 certificate and be waived with an X number without completing training.
- Practitioners utilizing this training exemption are limited to treating no more than 30 patients at any one time (time spent practicing under this exemption will not qualify the practitioner for a higher patient limit).
- The practitioner will not have more than the approved number of patients at any one time, regardless of the number of practice locations.
- Providers wishing to treat more than 30 patients must take the appropriate waiver training course(s) to be eligible for treatment of up to 100/275.

X-Waiver Notice of Intent for <30 Patients

[HTTPS://BUPRENORPHINE.SAMHSA.GOV/FORMS/SELECT-PRACTITIONER-TYPE.PHP](https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php)

Go to this link: <http://buprenorphine.samhsa.gov/forms/select-practitioner-type.php>

Buprenorphine Waiver Notification

[View Practitioner Profile](#)

System Use Notification

- You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action, as well as civil and criminal penalties.
- Personal use of social media on this system may result in disciplinary action unless otherwise authorized.
- By using this information system, you understand and consent to the following:
 - You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
 - The government may record and audit your information system usage, including usage of personal email systems to conduct HHS businesses.
 - Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Submit 275-Patient Annual Reports Using This Same Interface

Before you begin

Before starting this application, please make sure you have

- Your DEA Number
- Your State Medical License Number
- Your Training Certificate Information (Only Required for new Waivers)

After submitting application waiver, submit your training certificate to csatbupinfo@dsgonline.com

Do you work for the US military, Veterans Administration, or Indian Health Service?

Yes No

[Next](#)

For more information, contact the SAMHSA Center for Substance Abuse Treatment's (CSAT's) Buprenorphine Information Center at 866-BUP-CSAT (866-287-2728) or send an email to infobuprenorphine@samhsa.hhs.gov.

Select "Yes" or "No."
Click "Next."

Look up your DEA number and address on file here: <https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp>

Check your waiver eligibility

Enter your information below to check your waiver eligibility and get started.

Select your practitioner type:

MD/DO APRN (NP/CNS/CRNA/CNM) PA

Licensing State:

State Medical License Number:

DEA Registration Number:

Back

Submit

SUBMITTING AN NOI

- **Physicians:** In **CERTIFICATION OF QUALIFYING CRITERIA** check “**Other.**” **DATE** should be the application date. Type “**Practice Guidelines**” in the text box for the City.
- **APPs:** In **CERTIFICATION OF QUALIFYING CRITERIA** check “**SAMHSA Providers’ Clinical Support System (PCSS).**” **DATE** should be the application date. Type “**Practice Guidelines**” in the text box for the City.
- An NOI must contain information on the practitioner’s qualifying credentials and additional certifications.

8. CERTIFICATION OF QUALIFYING CRITERIA

I certify that I meet at least one of the following criteria and am therefore a qualifying physician (Check and provide copies of documentation for all that apply):

- Subspecialty board certification in Addiction Psychiatry or Addiction Medicine from the American Board of Medical Specialties
- Addiction certification or board certification from the American Society of Addiction Medicine or American Board of Addiction Medicine
- Subspecialty board certification in Addiction Medicine from the American Osteopathic Association

Completion of not less than eight hours of training for the treatment and management of opioid-dependent patients that included training on the following topics: opioid maintenance and detoxification; appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder; initial and periodic patient assessments (including substance use monitoring); individualized treatment planning, overdose reversal, and relapse prevention; counseling and recovery support services; staffing roles and considerations; and diversion control; and that was provided by the following organization(s):

- American Society of Addiction Medicine (ASAM)
- American Academy of Addiction Psychiatry (AAAP)
- American Medical Association (AMA)
- American Osteopathic Association (AOA)/American Osteopathic Academy of Addiction Medicine (AOAAM)
- American Psychiatric Association (APA)
- SAMHSA Providers' Clinical Support System (PCSS)
- Other (Specify, include date and location)

Date and location of training (Use "Web" for city if web training was received):

Date	City	State
<input type="text"/>	<input type="text"/>	<input type="text" value="Maryland"/>

- Participation as an investigator in one or more clinical trials leading to the approval of a narcotic medication in Schedule III, IV, or V for maintenance or detoxification treatment.
 - State medical licensing board-approved experience or training in the treatment and management of patients with opioid dependency.
 - Graduated in good standing from an accredited school of allopathic medicine or osteopathic medicine in the United States during the last five (5) years, and during which I successfully completed a comprehensive allopathic or osteopathic medicine curriculum, or accredited medical residency, that included at least 8 hours of training on treating and managing opioid-dependent patients that included training on the following topics: opioid maintenance and detoxification; appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder; initial and periodic patient assessments (including substance use monitoring); individualized treatment planning, overdose reversal, and relapse prevention; counseling and recovery support services; staffing roles and considerations; and diversion control.
 - Other
- Specify**

APRN's &
PA's
select
SAMHSA
PCSS

Physician's
select
OTHER

ADDITIONAL INFORMATION

- A practitioner who wishes to increase their limit to treat greater than 30 patients must complete the required training courses for prescribing buprenorphine
 - Physicians = 8 hours of training; APPs = 24 hours of training
 - The practitioner will upload the certificate of completion of training and apply for a higher patient limit through SAMHSA's website.
- SAMHSA reviews applications within 45 days of receipt.
- Once the application is approved, SAMHSA will email an approval letter to the practitioner. The letter will indicate their waiver level and approval date.
- Practitioners will receive their X designation from the DEA within 7 to 10 business days.

ADDITIONAL INFORMATION...

- If confirmation of approval from SAMHSA is not received within 45 days, practitioners can contact CSAT's Buprenorphine information center.
 - By phone: **866-BUP-CSAT** (866-287-2728).
 - By email: infobuprenorphine@samhsa.hhs.gov

- All information was obtained from SAMHSA's website: www.samhsa.gov.

X-Waiver Notice of Intent for >30 Patients

Obtaining the X Waiver: Post Waiver Training

STEP BY STEP INSTRUCTIONS:

1. Go to **elearning.asam.org** and sign-in to your account. Use the email address and password you used to register for the course.
2. Click on **DASHBOARD**.
3. Select **TREATMENT OF OPIOID USE DISORDER** course.
4. On the course page, select **COMPLETE LIVE PORTION CME EVALUATION**. Complete the survey.
5. After finishing the survey, the **DOWNLOAD CERTIFICATE** drop-down window will appear. **SAVE** certificate.

STEPS CONTINUED...

6. Once you have your certificate go to:
buprenorphine.samhsa.gov/forms/select-practitioner-type.php.
7. Select **LICENSING STATE**. Enter medical license number (letters and numbers only, no spaces or dashes). Enter DEA number (letters and numbers only). Click **SUBMIT**.
8. The system will indicate the number of patients you are eligible to submit a Notification for. Click **NEXT**.
9. Enter **YOUR NAME** The rest of the information will be pre-populated.

STEPS CONTINUED...

10. Enter **CLINIC ADDRESS** (if you plan to store buprenorphine on-site, you will need to provide the address you are listed under with the DEA). Enter **CLINIC PHONE NUMBER, FAX NUMBER**. Enter **EMAIL ADDRESS** (twice). Use an email address you check regularly as all correspondence from SAMHSA will be via email.
11. The New Notification **PURPOSE OF NOTIFICATION** box will be pre-checked. Check the **CERTIFICATION OF USE OF NARCOTIC DRUGS** box certifying you will only use approved Schedule III, IV, or V medications.

STEPS CONTINUED...

12. Certification of Qualifying Criteria – Check the **AMERICAN SOCIETY OF ADDICTION MEDICINE** box, as that is the course you attended. Enter the **DATE** and **CITY** where the training was completed. Select **MICHIGAN** if the state is not auto filled.

13. Continue following prompts:
 - Check box for **item 9** indicates your ability to refer to counseling.
 - On **item 11**, you are selecting whether or not you consent to have your information shared publically on the provider locator website. This is up to your discretion.
 - **Item 12** certifies that you did not provide false information on the application.

STEPS CONTINUED...

14. SUBMIT the Notification. When the Notification is submitted successfully you will receive a confirmation. If it has not, an error message will indicate what needs to be corrected.

- All information was obtained from SAMHSA's website: www.samhsa.gov.

ADDITIONAL INFORMATION

- If you are unable to submit your certificate online, you will need to email it to **csatbupinfo@dsgonline.com** or fax it to **301-576-5237**.
- SAMHSA typically takes 45 days to process the application.
- Attendees should expect a mailed letter from SAMHSA with their DEA number and Waiver number attached.
- To avoid delay in the process of obtaining the waiver, email your certificate. Faxed and mailed certificates are not acceptable.
- If you would like to check the status on your waiver, please contact the SAMHSA Center for Substance Abuse Treatment (CSAT'S) Buprenorphine Information Center at **866-BUP-CSAT (866-287-2728)**.

PA/NP PRACTITIONERS

- If you are an NP/PA, you can complete the 8-hour physician course, **but you must also complete an additional 16 hours** of specialized training (if you have not already) before applying for your waiver.
- **NP 16-hour training offerings:** <https://pcssnow.org/medication-assisted-treatment/waiver-training-for-nps/>
- **PA 16-hour training offerings:** <https://pcssnow.org/medication-assisted-treatment/waiver-training-for-pas/>
- If you are a resident, you may apply for your X-waiver if you have your own DEA number (not organization's DEA number)

CONTACT SAMHSA

For information on buprenorphine waiver processing, contact the SAMHSA Center for Substance Abuse Treatment (CSAT) at [866-BUP-CSAT](tel:866-287-2728) (866-287-2728) or infobuprenorphine@samhsa.hhs.gov

For information about other medication-assisted treatment (MAT) or the certification of opioid treatment programs (OTPs), contact the SAMHSA Division of Pharmacologic Therapies at [240-276-2700](tel:240-276-2700). DPT@SAMHSA.HHS.Gov

MOC PARTNERSHIPS

MOPEN

MEDIC

MI Cubed

Dept of
Corrections

MIREP

MC3

MI CARES



OUR TEAM



Amy Bohnert, PhD
Michigan Medicine
Co-PI



Lewei Allison Lin, MD
Michigan Medicine
Co-PI



Dan Berland, MD
Michigan Medicine



Ed Jouney, DO
Michigan Medicine



Chris Frank, MD
Michigan Medicine



Robert McMorrow, DO
MidMichigan Health



Jonathon Morrow, MD
Michigan Medicine



Ponni Perumalswami, MD
Michigan Medicine



Cara Poland, MD
Michigan State University



Sheba Sethi, MD
Michigan Medicine

THE MICHIGAN OPIOID COLLABORATIVE IS FUNDED BY:

Blue Cross® Blue Shield® of Michigan

Michigan Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

