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The Honorable Derek S. Maltz Acting Administrator Drug Enforcement Administration 8701 Morrissette Drive Springfield, Virginia 22152

Attn: Heather Achbach, Regulatory Drafting and Policy Support Section, Diversion Control Division

# Re: Special Registrations for Telemedicine and Limited State Telemedicine Registrations (Docket No. DEA-407)

Dear Acting Administrator Maltz:

The American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 8,000 physicians and associated health professionals who specialize in the prevention and treatment of addiction, appreciates the opportunity to provide comments on the Special Registrations for Telemedicine and Limited State Telemedicine Registrations proposed rule from the US Drug Enforcement Administration (DEA) and Department of Justice (DOJ).

The proposed rule outlines a pathway for prescribers to obtain a special registration for prescribing controlled medications via telemedicine if they can demonstrate a legitimate need. This proposal, if finalized, will provide additional flexibility for certain clinicians limited in their capacity to examine patients in person.

The current regulatory proposal contemplates schedule II prescribing authority if "[t]he practitioner is a psychiatrist or is board certified in the treatment of psychiatric or psychological disorders," which appears to include addiction medicine physicians. However, for the avoidance of doubt, if the DEA finalizes this rule, then ASAM recommends explicitly adding another eligibility category as follows: "[t]he practitioner is an addiction medicine physician or is board certified in the treatment of addiction" to eliminate any uncertainty regarding the eligibility of addiction medicine physicians who are not psychiatrists and mid-level practitioners who are board certified in addiction for Advanced Telemedicine Prescribing Registrations.

Additionally, should the DEA move forward with finalizing this rule, the required notation on prescriptions denoting their issuance via this special registration pathway may present challenges for patients taking buprenorphine for opioid use disorder (OUD). Specifically, prescriptions for buprenorphine for OUD treatment issued under the separate final rule on buprenorphine treatment via telemedicine encounter do <u>not</u> require such notation. Thus, this proposed rule may present issues for patients who present prescriptions for buprenorphine originating from a telemedicine visit, but not one under a special registration category. **ASAM encourages the DEA to issue guidance to pharmacists on this difference to minimize challenges for patients taking buprenorphine for OUD should this rule be finalized.** 

Thank you again for the opportunity to comment.

Sincerely,

Brian Hurley, MD, MBA, FAPA, DFASAM President, American Society of Addiction Medicine

CC: The Honorable Pam Bondi, Attorney General, US Department of Justice