



### Medication Assisted Treatment (MAT) Prescribing Rules by State

<b>Alabama</b>	No additional prescribing restrictions
<b>Alaska</b>	No additional prescribing restrictions
<b>Arizona</b>	No additional prescribing regulations
<b>Arkansas</b>	No additional prescribing restrictions
<b>California</b>	No additional prescribing restrictions <sup>1</sup>
<b>Colorado</b>	No additional prescribing restrictions found
<b>Connecticut</b>	Only private doctors and treatment programs with special certification are allowed to dispense Buprenorphine. Each approved doctor can treat up to 100 patients at a time (New federal law will allow physicians who have prescribed buprenorphine to 100 patients for a least a year to apply to increase their patient limits to 275) <sup>2</sup>
<b>Delaware</b>	Buprenorphine prescribing practitioners are not required to be licensed or certified by the Division of Substance Abuse and Mental Health. However, programs that are providing substance abuse and co-occurring treatment program services must be licensed according to state regulations. <sup>3</sup>
<b>Florida</b>	No additional prescribing restrictions <sup>4</sup>
<b>Georgia</b>	No additional prescribing restrictions <sup>5</sup>
<b>Hawaii</b>	A practitioner who wants to prescribe buprenorphine or its combination drugs to a person for drug treatment must have a Hawaii controlled substance registration and DEA number
<b>Idaho</b>	No additional prescribing restrictions
<b>Illinois</b>	Information unavailable at time of publication
<b>Indiana</b>	Information unavailable at time of publication
<b>Iowa</b>	No additional prescribing restrictions
<b>Kansas</b>	No additional prescribing restrictions
<b>Kentucky</b>	For each three (3) year continuing education cycle, each prescriber of Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone shall complete at least twelve (12) hours of continuing medical education certified in Category I specific to addiction medicine. <sup>6</sup>
<b>Louisiana</b>	No additional prescribing restrictions

<sup>1</sup> <https://www.cmadocs.org/newsroom/news/view/ArticleId/50024/Congress-eliminates-need-for-waiver-to-treat-opioid-use-disorder#:~:text=Under%20the%20new%20law%2C%20physicians,treatment%20for%20opioid%20use%20disorder>

<sup>2</sup> <https://uwc.211ct.org/buprenorphine-connecticut/>

<sup>3</sup> <https://www.dhss.delaware.gov/dhss/dsamh/files/DSAMH024.pdf>

<sup>4</sup> <https://floridaspharmacy.gov/latest-news/removal-of-federal-data-waiver-x-waiver-requirement/>

<sup>5</sup> <https://medicalboard.georgia.gov/press-releases/2023-01-12/dea-announces-elimination-data-waiver-program>

<sup>6</sup> [https://kbml.ky.gov/Documents/KBML%20Guidance%20Regarding%20%20Removal%20of%20DATA%20-%20Waiver%20\(X-Waiver\).pdf](https://kbml.ky.gov/Documents/KBML%20Guidance%20Regarding%20%20Removal%20of%20DATA%20-%20Waiver%20(X-Waiver).pdf)

<b>Maine</b>	No additional prescribing restrictions – currently seeking comment for rules on office-based treatment of opioid use disorder <sup>7</sup>
<b>Maryland</b>	No additional prescribing restrictions
<b>Massachusetts</b>	No additional prescribing restrictions
<b>Michigan</b>	Information unavailable at time of publication
<b>Minnesota</b>	Information unavailable at time of publication
<b>Mississippi</b>	No additional prescribing restrictions
<b>Missouri</b>	Information unavailable at time of publication
<b>Montana</b>	No additional prescribing restrictions
<b>Nebraska</b>	Information unavailable at time of publication
<b>Nevada</b>	Physicians must have an active Nevada Prescription Monitoring (PMP) account, Nevada Controlled Substance (CS) registration issued by the Board of Pharmacy, Drug Enforcement Administration (DEA) registration to dispense controlled substances in Nevada, and comply with controlled substance prescribing laws and regulations in the Nevada Legislature
<b>New Hampshire</b>	Information unavailable at time of publication
<b>New Jersey</b>	Information unavailable at time of publication
<b>New Mexico</b>	No additional prescribing restrictions
<b>New York</b>	No additional prescribing restrictions
<b>North Carolina</b>	No additional prescribing restrictions <sup>8</sup>
<b>North Dakota</b>	Information unavailable at time of publication
<b>Ohio</b>	The physician who provides OBOT (office based opioid treatment) shall perform and document an assessment of the patient including (a) A comprehensive medical and psychiatric history; (b) A brief mental status exam; (c) Substance abuse history; (d) Family history and psychosocial supports; (e) Appropriate physical examination; (f) Urine drug screen or oral fluid drug testing; (g) Pregnancy test for women of childbearing age and ability; (h) Review of the patient's prescription information in OARRS; (i) Testing for human immunodeficiency virus; (j) Testing for hepatitis B; (k) Testing for hepatitis C; and (l) Consideration of screening for tuberculosis and sexually-transmitted diseases in patients with known risk factors. <sup>9</sup>
<b>Oklahoma</b>	Information unavailable at time of publication
<b>Oregon</b>	No additional prescribing restrictions <sup>10</sup>
<b>Pennsylvania</b>	No additional prescribing restrictions <sup>11</sup>
<b>Rhode Island</b>	No additional prescribing restrictions
<b>South Carolina</b>	Requires a practitioner to have a face-to-face encounter with the patient before prescribing Schedule II and Schedule III medications – practitioners cannot prescribe these medications solely via telemedicine. <sup>12</sup>

<sup>7</sup> <https://www.maine.gov/md/sites/maine.gov.md/files/inline-files/Chapter%2012%20Office%20Based%20Treatment%20of%20Opioid%20Use%20Disorder.pdf>

<sup>8</sup> <https://www.ncmedboard.org/landing-page/MAT>

<sup>9</sup> <https://codes.ohio.gov/ohio-administrative-code/rule-4731-33-03>

<sup>10</sup>

[https://www.oregon.gov/obnm/Documents/Rules/Effective%20Immediately%20Removes%20exclusion%20\(d\)%20Buprenorphine.pdf](https://www.oregon.gov/obnm/Documents/Rules/Effective%20Immediately%20Removes%20exclusion%20(d)%20Buprenorphine.pdf)

<sup>11</sup> <https://www.health.pa.gov/topics/programs/Pages/PA-SUN.aspx>

<sup>12</sup> <https://llr.sc.gov/med/Policies/FDA%20Approves%20Buprenorphine.aspx>

<b>South Dakota</b>	No additional prescribing restrictions
<b>Tennessee</b>	Any facility or practice that prescribes buprenorphine-based products to twenty-five percent (25%) or more of its patients or to one hundred fifty (150) or more patients at one time, requires an OBOT license. Buprenorphine cannot be prescribed via telehealth unless the prescriber is employed by or contracted with a licensed OBOT, CMHC, FQHC, hospital, or TennCare’s enhanced buprenorphine treatment network (BE-SMART) and the delivery of telehealth is provided on behalf of these entities. <sup>13</sup>
<b>Texas</b>	Information unavailable at time of publication
<b>Utah</b>	No additional prescribing restrictions <sup>14</sup>
<b>Vermont</b>	A medical assessment shall be conducted to determine whether pharmacological treatment, which may include methadone, buprenorphine, and other federally approved medications to treat opioid addiction, is medically appropriate. <sup>15</sup> Additionally, people may possess up to 224 grams of buprenorphine without a prescription. <sup>16</sup>
<b>Virginia</b>	Buprenorphine without naloxone shall not be prescribed except: when a patient is pregnant; when converting a patient from methadone or buprenorphine mono-product to buprenorphine containing naloxone for a period not to exceed seven days; in formulations other than tablet form for indications approved by the FDA; or for patients who have a demonstrated intolerance to naloxone; such prescriptions for the mono-product shall not exceed 3.0% of the total prescriptions for buprenorphine written by the prescriber. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opioid treatment programs. With the exceptions listed above, only the buprenorphine product containing naloxone shall be prescribed or dispensed for use off site from the program. <sup>17</sup>
<b>Washington</b>	No additional prescribing restrictions <sup>18</sup>
<b>Washington D.C.</b>	No additional prescribing restrictions
<b>West Virginia</b>	Prescribers must be located at an Opioid Treatment Program (OTP) subject to federal regulations to prescribe and provide methadone as part of treatment for opioid use disorder.
<b>Wisconsin</b>	An office-based opioid treatment (OBOT) shall ensure that all their patients leave with a prescription for naloxone, instructions for naloxone including signs and symptom recognition of an overdose, offer for a new prescription for naloxone upon expiration or use of the old kit, and information on where to obtain naloxone without a prescription if the patient refuses the naloxone prescription. <sup>19</sup>

<sup>13</sup>[https://www.tn.gov/content/dam/tn/mentalhealth/documents/Public\\_Guidance\\_DATA\\_Waiver\\_Removal\\_2.27.23.pdf](https://www.tn.gov/content/dam/tn/mentalhealth/documents/Public_Guidance_DATA_Waiver_Removal_2.27.23.pdf)

<sup>14</sup><https://dopl.utah.gov/wp-content/uploads/2023/01/DOPL-X-DEA-Notification.pdf>

<sup>15</sup><https://legislature.vermont.gov/statutes/section/18/093/04752>

<sup>16</sup><https://legislature.vermont.gov/Documents/2022/Docs/BILLS/H-0225/H-0225%20As%20Passed%20by%20Both%20House%20and%20Senate%20Official.pdf>

<sup>17</sup><https://law.lis.virginia.gov/admincode/title18/agency85/chapter21/section150/>

<sup>18</sup>[https://www.hca.wa.gov/assets/billers-and-providers/MAT\\_buprenorphine\\_products.pdf](https://www.hca.wa.gov/assets/billers-and-providers/MAT_buprenorphine_products.pdf)

<sup>19</sup><https://casetext.com/regulation/wisconsin-administrative-code/agency-department-of-health-services/community-services/chapter-dhs-75-community-substance-abuse-service-standards/subchapter-vii-opioid-treatment-programs-and-office-based-opioid-treatment/section-dhs-7560-office-based-opioid-treatment>

<b>Wyoming</b>	Must be nationally accredited with documentation and complete certification application on the department website; patient history and physical examination must be obtained, evaluated, and documented in detail in the medical record. The record should also document the presence of one or more recognized medical indications for the use of a controlled substance. <sup>20</sup>
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<sup>20</sup> <https://www.wyomingpreventiondepot.org/rxtoolkit/best-practices/physical-assessment-requirements/>