



May 11, 2023

Dear Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program Colleagues,

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) encourages all Ryan White HIV/AIDS Program (RWHAP) Part B AIDS Drug Assistance Program (ADAP) recipients to include medications for substance use disorders (SUDs), often referred to as medication-assisted treatment or MAT, including buprenorphine for opioid use disorder (OUD), and naloxone for opioid overdose prevention, on ADAP formularies.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends “the use of medications [for SUDs], in combination with counseling and behavioral therapies, to provide a ‘whole-patient’ approach to the treatment of substance use disorders.”¹ SAMHSA notes that “Research shows that a combination of medication and therapy can successfully treat these disorders, and for some medications can help sustain recovery.” Research has also shown that receiving buprenorphine and naloxone treatment can help increase retention in treatment for people with HIV, leading to improvements in physical and mental quality of life.²

The misuse of prescription opioids and use of heroin is identified by SAMHSA as one of the most significant public health issues in the United States.³ The U.S. Department of Health and Human Services' [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV](#) (HHS treatment guidelines) note that the prevalence of substance use and SUDs is higher among people with HIV than among the general public, and polysubstance use is common.⁴ The HHS treatment guidelines state:

Opioids remain a significant concern for people with HIV, both for the acquisition of HIV and as major contributors to morbidity and mortality. Overdose involving opioids is the leading cause of accidental death in the United States. The appropriate use of opioids while caring for people with HIV and chronic pain is an important component of combating the opioid epidemic.

The HHS treatment guidelines also state that “People with HIV and SUDs should be offered evidence-based pharmacotherapy [including opioid agonist therapy] as part of comprehensive HIV care in clinical settings.” Specifically, the guidelines provide: “To combat the opioid

¹ <https://www.samhsa.gov/medication-assisted-treatment>

² [HIV Treatment Outcomes Among HIV-Infected, Opioid-Dependent Patients Receiving Buprenorphine/Naloxone Treatment within HIV Clinical Care Settings: Results from a Multisite Study - PMC \(nih.gov\)](#)

³ <https://www.samhsa.gov/data/taxonomy/term/442>

⁴ <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/substance-use-disorders-and-hiv>

overdose epidemic, health care providers should prescribe naloxone for opioid overdose prevention for all patients who are using opioids beyond the short-term treatment of acute pain.” The Consolidated Appropriations Act, 2023 has made prescribing medications for OUD (MOUD) easier by removing the federal requirement for prescribers to submit an “X waiver” to prescribe buprenorphine. Now practitioners who have a current Drug Enforcement Administration (DEA) registration that includes Schedule III authority may prescribe buprenorphine for OUD if permitted by state law.⁵

While most health insurance policies cover medications for SUDs, people with HIV who are uninsured or underinsured may not have access to these medications. According to the most recent RWHAP ADAP Annual Client-Level Data Report, more than one-third (37.4 percent) of all ADAP clients have no health care coverage. About 40 percent of the ADAPs do not currently cover buprenorphine or naloxone on their formularies.⁶ RWHAP ADAPs have a key role in providing access to medications for people with HIV and meeting the goals of ending the HIV epidemic. Given the important role of opioid treatment in comprehensive HIV care, when feasible, HRSA recommends RWHAP ADAPs include medications for SUDs, including buprenorphine, and naloxone for opioid overdose prevention, on their formularies.

Please contact your RWHAP Part B project officer in the HRSA HAB Division of State HIV/AIDS Programs if you have any questions.

Sincerely,

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⁵ <https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement>

⁶ <https://nastad.org/adap-formulary-database>. The 2022 NASTAD ADAP Formulary Database shows that currently 21 states/territories do not have any MAT on their ADAP formularies, and an addition 4 states have intranasal naloxone on their formulary, but no other MAT.