

# Quick Tips: DEA Requirements for MAT Storage

Modified July 2020

**Purpose/Overview:** Adherence to the Drug Enforcement Administration (DEA) and state requirements for storing Medications for Addiction Treatment (MAT) is essential for Office-based Addiction Treatment (OBAT) providers to maintain compliance with federal and state laws. This factsheet provides a general overview of the federal DEA requirements for the storage of certain MAT medications by primary care providers, as well as a review of the applicable New Jersey regulations. The factsheet does not necessarily include every applicable federal and state law and regulation, and does not, and is not intended to, constitute legal advice; it is for general informational purposes only. Should you have further questions about the requirements discussed below, consult your legal counsel.

## Considerations:

- This general overview applies to the storage of MAT medications, specifically buprenorphine (Suboxone, Sublocade, and other brand names), in primary care settings.
- Extended-release naltrexone (Vivitrol) is not a controlled substance, therefore its storage is not regulated by the DEA.

## Resources for the team:

- **Federal DEA requirements for the storage of MAT:**
  - Buprenorphine (Suboxone, Sublocade, and other brand names) is a Schedule III controlled substance subject to regulation by the DEA, including storage and security requirements.
  - [Federal regulations](#) require that practitioners store Schedule III drugs, including buprenorphine, “in a securely locked, substantially constructed cabinet” with limited access by office staff.
    - Federal regulations do not specifically define how locked cabinets should be constructed, but the DEA notes in its security requirements that “the intent of the law is that controlled substances must be adequately safeguarded. Therefore, depending on other security measures, a wooden cabinet may or may not be considered adequate. In an area with a high crime rate, a strong metal cabinet or safe may be required.”
  - Additional factors that the DEA considers when evaluating a practitioner's controlled substances security include:
    - The number of employees, customers and/or patients who have access to the controlled substances.
    - The location of the registrant (high or low crime area).
    - Use of an effective alarm system (usually suggested on the cabinet)
    - Quantity of controlled substances to be kept on hand.



- Prior history of theft or diversion.
  - In addition to providing effective physical security, practitioners also have an obligation to set up additional procedures or alarm systems where necessary to reduce access to controlled substances by unauthorized persons.
  - There are [specific federal record keeping requirements](#) for providers who prescribe buprenorphine beyond standard Schedule III requirements. Providers must keep records and inventories of all controlled substances dispensed, including buprenorphine. Providers are also required to keep documentation of their protocols, practice guidelines or practice agreements readily available. See also: [https://www.deadiversion.usdoj.gov/21cfr/cfr/1304/1304\\_21.htm](https://www.deadiversion.usdoj.gov/21cfr/cfr/1304/1304_21.htm).
  - Primary care providers **cannot** store and dispense controlled substances that have been obtained from prescriptions filled at outside pharmacies.
- **State requirements** for storage of MAT,
  - New Jersey Administrative Code [reiterates](#) the requirements set forth by the DEA for the storage of controlled substances ([N.J.A.C. 13:45H-2](#)).
  - State law requires facilities to develop and implement policies and procedures for the administration, control, and storage of controlled substances. [[8:43A-9.3](#)]
  - Certain licensing structures, like ambulatory care facilities, may have additional or more specific requirements for the storage and security of controlled substances. Some OBAT practices may be subject to standards of licensing for ambulatory care facilities ([N.J.A.C. 8:43A-9](#)).
  - New Jersey requires ambulatory care facilities to store all controlled substances in locked storage areas under proper conditions. [N.J.A.C. [8:43A-9.5 Storage of drugs](#)]
  - Ambulatory care facilities are also required to conduct an inventory of all controlled substances at the end of each shift and retain the inventory where the drugs are stored. [N.J.A.C. [8:43A-9.5 Storage of drugs](#)]
  - In ambulatory care facilities, only licensed nursing or medical personnel should retain the keys or security codes to storage areas in which controlled substances are kept. [N.J.A.C. [8:43A-9.3](#)]

#### Additional information/resources:

- If the medications you are storing expire, you can follow these [disposal guidelines](#):
- DEA, [Controlled Substances Security Manual](#)
  - [Security Requirements For Practitioners](#)
- Security requirements generally, [21 C.F.R. § 1301.71](#) 2020.
- Other security controls for practitioners, [21 C.F.R. § 1301.76](#) 2020.
- SAMHSA, [MAT Statutes, Regulations, and Guidelines](#)
- ASAM, [DEA Office Inspection Tips](#)
- [Public Access to NJ Administrative Code and NJ Register](#)

