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Maryland Addiction Consultation Service

www.marylandMACS.org

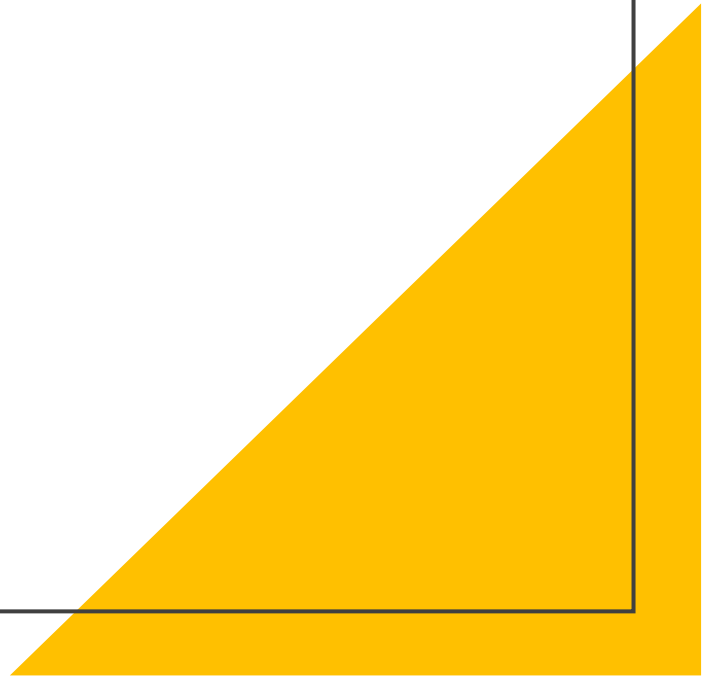
1-855-337-MACS (6227)

Optimizing the Pharmacy Partnership in Managing Patients with OUD

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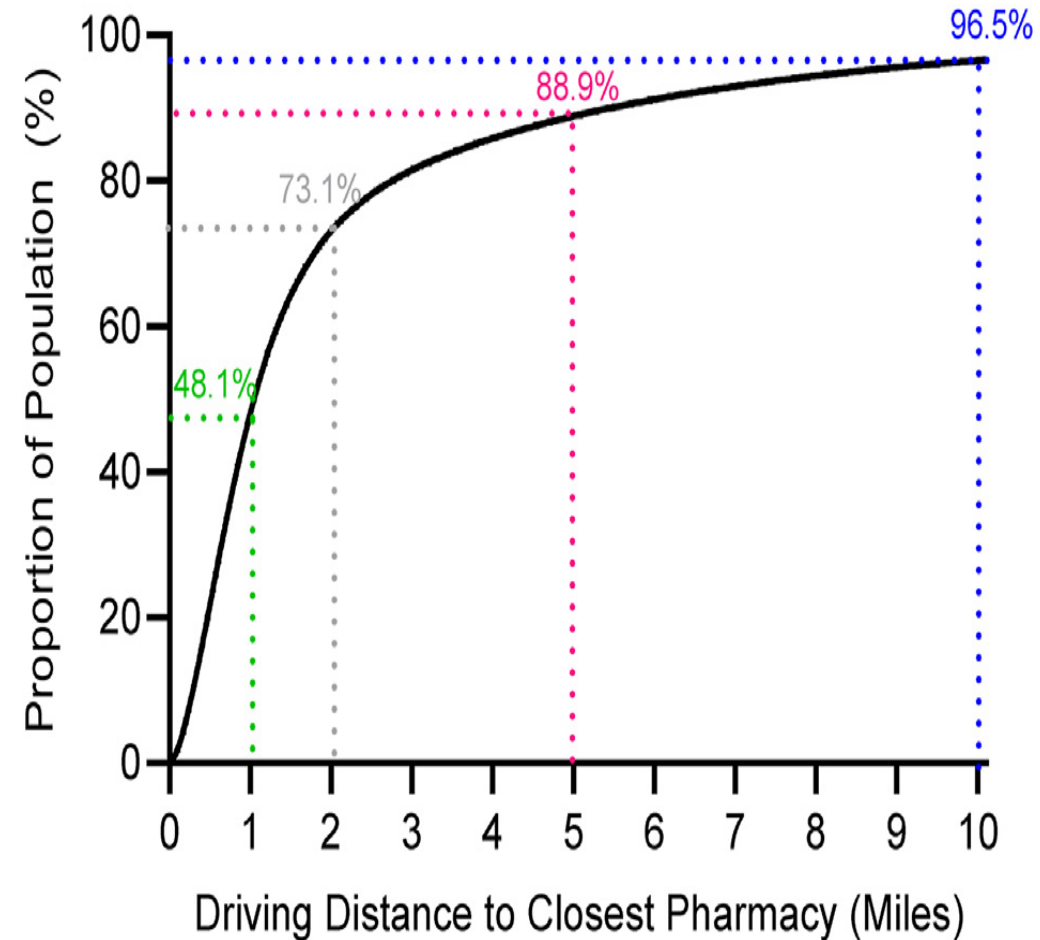
Learning Objectives

- Describe innovative roles for pharmacists in managing patients with OUD
 - Identify barriers for managing patients with OUD in the community pharmacy
 - Create strategies to optimize access to mOUD in community pharmacies
-



Community Pharmacy Accessibility

- Pharmacists are trusted healthcare professionals
- Community pharmacists are one of the most accessible sources for healthcare
 - 256 U.S. counties had 50% of residents with a distance >10 miles to closest pharmacy, but this represents 0.5% of U.S. population





Pharmacists
want to help!

**Supportive
Environment
(↓ Stigma)**

**Screening
OUD/OD Risk
Call/text 988**

**Naloxone-
Rx/OTC**

**Sterile Syringe
Sales**

**Preexposure
Prophylaxis
(PrEP)**

**Drug Take-Back
Programs**

**XR Injection
Administration**

mOUD

**Collaborative
Drug Therapy
Management**

Pharmacists Managing Patients with SUD



Pharmacist Scope of Practice/Responsibilities

- May vary from state to state/ between practice settings
- Key roles
 - Dispensing, compounding medication
 - Medication profile review
 - Administration of vaccines and long acting injectables
 - Management of drug therapy
 - Order medication pursuant to practice agreement



Board of Pharmacy Specialties (BPS)

- Ambulatory Care
- Cardiology
- Compounded/Sterile Prep
- Critical Care
- Emergency Medicine
- Geriatrics
- Infectious Disease
- Nuclear
- Nutrition Support
- Oncology
- Pain Management
- Pediatric
- Pharmacotherapy
- Psychiatry
- Solid Organ Transplantation

Multidisciplinary

- Anticoagulation
- Asthma
- Depression
- Diabetes
- HIV/AIDS
- Pain Management*
- Poison Information
- Substance Use Disorders
- Toxicology



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Diverse Practice Settings

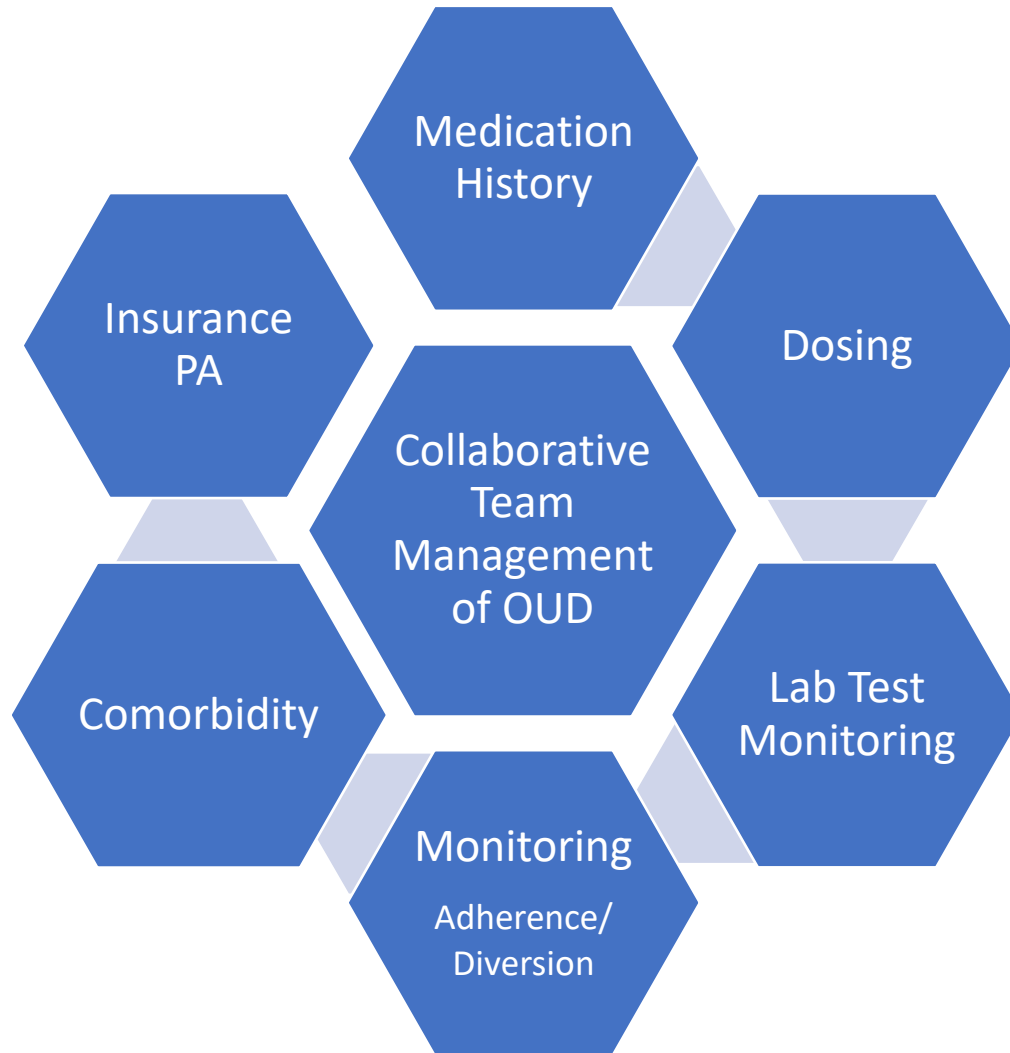
- Patient population: indigent, underserved
- Setting: Urban vs rural, Inpatient/Ambulatory
- Examples
 - FQHC
 - Health Department
 - VA
 - Integrated Primary Care Clinics/Specialty Clinics



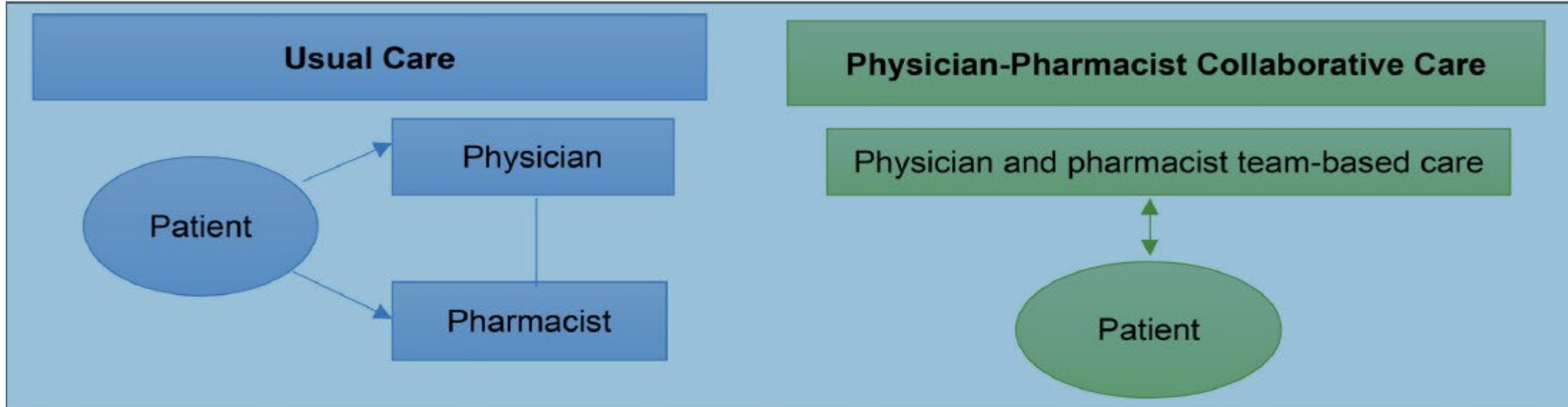
Pharmacist Collaboration: Share the Load! Person centered care! It takes a village



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Community Pharmacy Buprenorphine CDTM



- High treatment retention (88% x6mo) and adherence (95%)
- Enhanced communication between MD/pharmacists
- Improved diversion monitoring
- Good patient satisfaction (90%)
- ↓ MD burdens
- 0 substance-related OD

Community Pharmacy Buprenorphine CDTM

Unobserved initiation and ongoing follow up

- *6BH pharmacies
- *21 pharmacists
- *100 patients

Among those stabilized/continued care

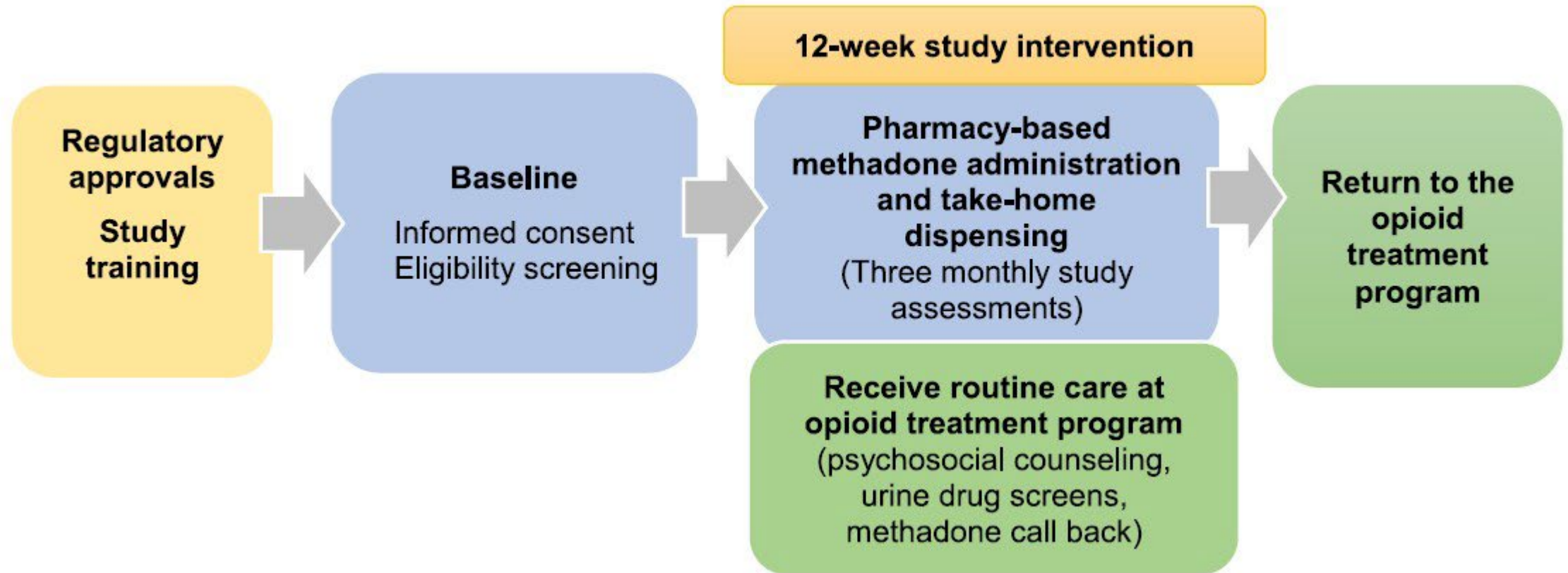
Pharmacy

- *25:28 (89%) continued to attend at 1mo
- *Safety: 1 nonfatal OD, 2 non-OD-related ED visits

Standard Care

- *5:30 (17%) continued to attend at 1 mo
- *Safety: 2 nonfatal OD, 1 non-OD-related opioid ED visit

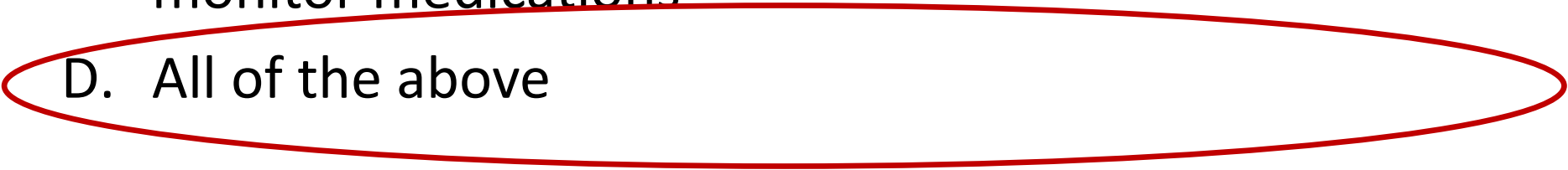
Community Pharmacy OTP Methadone CDTM



- 80% (16 of 20) retention at month.
 - Returned early to OTP: 2 due work/schedule change, 1 pregnancy, 1 non-study-related hospitalization
- 100% medication adherence among 16 patients retained

Poll Question

Which one of the following is an example of how pharmacists provide care for patients with OUD?

- A. Administer long-acting injectable such as buprenorphine
 - B. Educate about risk for opioid overdose and offer naloxone
 - C. Work collaboratively with a treatment team to optimize and monitor medications
 - D. All of the above
- 

OD Treatment

- Buprenorphine is an evidence-based safe and effective treatment for OD
 - ↓ OD death by 50%
 - Helps achieve long-term recovery
- ↑ prescriber capacity with changes in prescribing requirements (elimination of DATA waiver)



Pharmacy Buprenorphine Access Barriers



~48-58% of community pharmacies stock buprenorphine/naloxone



Substantial variability

- *Among states
- *Type of pharmacy (chain/independent)
- *Geographic region (rural vs urban)



Discussion-Active Word Cloud

Patient calls the clinic to let you know that they cannot get their Suboxone Rx filled from the community pharmacy.

- What were the contributing factors?



Contributing to Buprenorphine Access Issues

Regulatory/Policy

- Wholesaler-Suspicious Orders Report Systems
- Store dispensing system
- E-prescribing-DEA change

Pharmacy

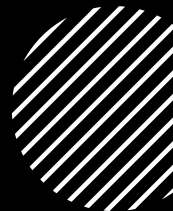
- Staffing shortages
- Reimbursement/payment
- Insurance coverage (PA, PBM location limit)
- Communication issues with treatment team

Employee

- Limited SUD education
- Stigma
- Misperception of diversion



PhARM-OD Guideline



Varisco T, Fish H, Bolin J, et al. The Pharmacy Access to Resources and Medication for Opioid Use Disorder (PhARMOUD) Guideline. University of Houston; 2024. doi:10.52713/PhARM-OD

*National Association of Boards of Pharmacy

**National Community Pharmacists Association



Purpose: inform buprenorphine dispensing decision making in community pharmacies. *Not guideline for treatment.*



Audience: dispensing community pharmacists



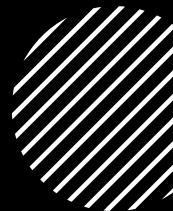
9 consensus recommendations published with the NABP* and NCPA**

The Pharmacy Access to Resources and Medication for Opioid Use Disorder (PhARM-OD) Guideline outlines steps pharmacists can take to ease access to buprenorphine

- ✓ Maintain a sufficient supply of buprenorphine
- ✓ Recognize that opioid use disorder is a chronic disease with adverse outcomes that can be prevented by treatment
- ✓ Use prescription drug monitoring programs to supplement rather than substitute for clinical judgment when making dispensing decisions
- ✓ Don't assume that because a person had to travel to fill a prescription or is paying cash that the person is misusing or diverting buprenorphine
- ✓ Review telehealth prescriptions and prescriptions from in-person encounters with the same criteria
- ✓ Recognize reasons providers may elect to prescribe buprenorphine monotherapy
- ✓ Consider dispensing a minimal partial quantity of the prescription if there is a delay in communicating with prescribers
- ✓ Treat people living with OUD with empathy, compassion, and support



PhARM-OD Highlights



Maintenance with buprenorphine

- Declining to dispense is last resort only after discussion with patient and prescriber with evidence of diversion
- Meet comprehensive care needs of patient and prevent pharmacotherapy interruptions which could include use of collaborative practice agreements

Misuse or diversion

- PDMP potential indicator: multiple buprenorphine prescribers/Rx
- Not a sole indicator: distance, telehealth, cash-paying, occasional early refill, buprenorphine monotherapy

Employer oversight

- Pharmacy policies should allow pharmacists to exercise professional judgement in dispensing
- Pharmacy policies such as numerical thresholds, distance, days supply should not be used to deny Rx

Solutions-What do you do?

- Patients
 - Fill buprenorphine at same pharmacy
 - Get all rx from same pharmacy
 - Establish relationship with pharmacy staff
 - Be familiar with your insurance coverage
- Providers
 - Refer to recovery friendly/good communication pharmacies
 - Independent pharmacies?
 - Quickly work through pharmacy issues with pharmacist
 - Automatically send refills electronically to pharmacy
 - **Education and practice support from MACS or DACS**
<https://www.marylandmacs.org/>
- Regulatory/Policy
 - Exempt buprenorphine from order algorithms and SORS reports
 - State/federal regs mandating pharmacies to stock buprenorphine
 - CMS/state/private insurers prohibit PA requirements
 - Exemption from in-network fill restrictions



WE WANT TO HELP



Discussion-Active Word Cloud

- What best practices/strategies could you use to address buprenorphine access barriers?

Conclusion

- Pharmacists can be better used to address OUD treatment shortages and expand access to care
- We must continue to
 - Identify regulatory, pharmacy-level, and individual barriers that affect patient access
 - Create solutions include system changes, improved communication and better patient education

Questions



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