05/28/25

Engaging Pharmacists in Improving Treatment Outcomes for Patients with Opioid Use Disorder







Agenda

Pharmacy

- 1. Introduction and Webinar Logistics
 Karen A. Scott, MD, MPH | President, FORE
- 2. Creation of a Multi-stakeholder Practice Guideline to Improve Access to Medication for Opioid Use Disorder in Community Pharmacies

 Tyler Varisco, PharmD, PhD | Assistant Professor of Pharmaceutical Health Outcomes and Policy, University of Houston College of
- 3. Facilitating Buprenorphine Access Through Pharmacist Peer Outreach

Trish Freeman, RPh, PhD | Earl Platt Slone Endowed Professor in Pharmacy Practice and Science, *University of Kentucky College of Pharmacy*

4. Increasing Access to Medications for Opioid Use Disorder Using the Pharmacist-Physician-Peer Coach (P3) Collaborative Model

Careen-Joan Franklin, PharmD | Clinical Assistant Professor and Director of Community Pharmacy Residency, *National Pharmaceutical Association*

Questions and Answers Session
 Moderated by Ken Shatzkes, PhD | Program Director, FORE





Webinar Logistics

- 1. The webinar is being recorded and will be available on www.ForeFdn.org shortly after the session ends.
- 2. Presentation slides will be made available for download on our website.
- 3. Please use the "Q&A" found at the bottom of your Zoom screen.
 - If you have a similar question, please upvote using the thumbs up button on the question.
 - We will read as many questions live as time permits.
- 4. There will be a brief survey immediately following the webinar. Please provide us with feedback!



About FORE

Founded in 2018, the Foundation for Opioid Response Efforts (FORE) is a 501(c)(3) private, national, grantmaking foundation focused on one urgent public health emergency – the opioid crisis.

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Vision

To inspire and accelerate action to end the opioid crisis

Mission

To convene and support partners advancing patient-centered, evidence-based solutions addressing the opioid crisis

Focus

With **patients at the center**, our focus includes promoting excellence in:





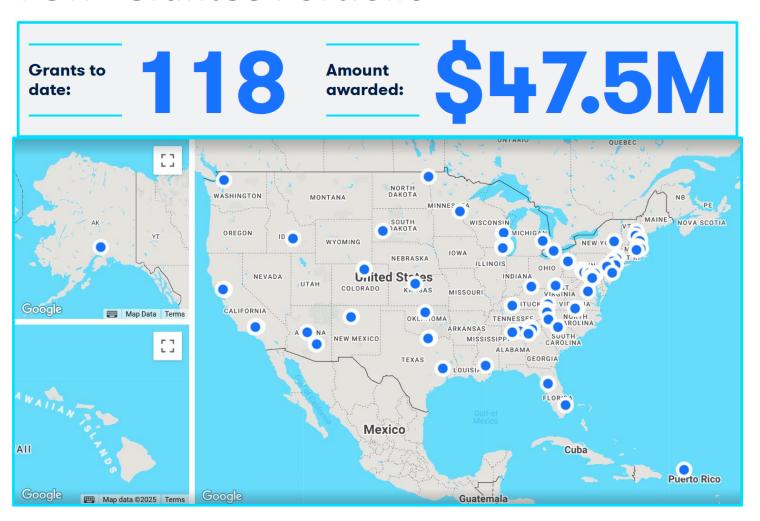








FORE Grantee Portfolio



See all FORE Grantees on our website: https://www.ForeFdn.org/Our-Grantees/



Engaging Pharmacists in Improving Treatment Outcomes and Preventing Overdose Deaths

Studies have found fewer than 60 percent of US pharmacies have the lifesaving medication buprenorphine in stock, putting patients with OUD at risk of treatment interruptions and overdose. Five FORE grantees are partnering with pharmacists to close the gap.

Their projects leverage data to identify neighborhoods that lack access to the medication, support pharmacists in dispensing practices, and enlist pharmacists in providing care where physician prescribers are limited.



The University of Southern California Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences is using data from 60,000 chain and independent pharmacies to identify neighborhoods that lack access to buprenorphine and populations most at-risk for treatment interruptions if their pharmacies stop carrying their medication.



Howard University, the University of Kentucky, and the University of Rhode Island are training pharmacy personnel on the evidence-based management of OUD. In one project, pharmacists in Connecticut and Ohio will be trained to prescribe buprenorphine and provide maintenance care in collaborative care arrangements with physicians in areas where access to other clinician prescribers is limited.

To help pharmacists understand the key role they play in preventing overdose deaths, faculty from the **University of Houston**, the University of Texas at Austin, and the University of Southern California schools of pharmacy partnered to develop a first-of-its-kind practice guideline for the nation's 60,000 community pharmacists.

Designed in collaboration with the National Association of Boards of Pharmacy and the National Community Pharmacists Association, the guideline has been endorsed by a wide array of professional societies and advocacy organizations and is available at ncpa.org/opioids.

The Pharmacy Access to Resources and Medication for Opioid Use Disorder (PhARM-OUD) 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



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Our team is now working with a panel of individuals with lived experience, the Behavioral Health Foundation, Faces and Voices of Recovery, and the O'Neill Institute to develop a patient bill of rights and a communication toolkit to help patients access buprenorphine in pharmacies."

 Tyler Varisco, PharmD, PhD, the University of Houston College of Pharmacy

FORE Resources

Through issue and policy briefs, webinars, and articles, we continue to contribute to current vital information to inform communities, providers, and policymakers on best practices and solutions.

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Pharmacy resources will

registrants and posted on

webinar materials after

the session concludes.

be sent out to all

our website with all

FORE Pharmacy Resources

News & Updates — Grantee Spotlight

Grantee Spotlight: Engaging Community Pharmacists in Improving Treatment Outcomes for Patients with Opioid Use Disorder

Today, the National Association of Boards of Pharmacy and the National Community Pharmacists Association will begin distributing a first-of-its-kind practice guideline to the nation's 60,000 community pharmacists. It's

part of an ambit treatment for or percent of phari

The Pharmacy Access to Resources and Medication for Opioid Use Disorder Guideline



Opioid Response E A Joint Consensus Practice Guideline from the National Association of Boards of Pharmacy (NABP) and the National Community Pharmacists Association (NCPA)

Program Advisory Meeting:
Pharmacy Interventions to Improve Access to Medications for Opioid Use Disorder

Executive Summary



See all FORE Resources on our website:

https://ForeFdn.org/Resources/

Webinar Speakers



Tyler Varisco,
PharmD, PhD

Assistant Professor of
Pharmaceutical
Health Outcomes and
Policy
University of Houston
College of Pharmacy



Earl Platt Slone
Endowed Professor in
Pharmacy Practice and
Science
University of Kentucky
College of Pharmacy

Trish Freeman, RPh,

PhD



Careen-Joan Franklin,

PharmD

Clinical Psychiatric
Pharmacist and Director
of Community Pharmacy
Residency Program
Howard University
College of Pharmacy /
National Pharmaceutical
Association

Creation of a Multi-stakeholder Practice Guideline to Improve Access to Medication or Opioid Use Disorder in Community Pharmacies



09



Tyler Varisco, PharmD, PhD

Assistant Professor of Pharmaceutical Health
Outcomes and Policy
University of Houston College of Pharmacy

Email: tjvarisc@Central.UH.EDU

Buprenorphine Availability in Community Pharmacies



Hill et al

•297/704 pharmacies in Texas were willing to dispense a one-week supply of buprenorphine/naloxone.

2021

Weiner et al

- •57.9% of pharmacies in an analysis of a multi-state administrative database of 5,283 pharmacy calls.
- •Demonstrated significant variation in availability by pharmacy corporation and state.

2023

2022

Hill et al

- •2,406/4,984 pharmacies in an 11-state sample were able to dispense a one-week supply of buprenorphine/naloxone.
- •64% of those without availability were willing to order.

	Pharmacies reporti	
Parent organization	Overall	
CVS	750/1256 (59.7)	
Walgreens	820/1167 (70.3)	
Walmart	206/354 (58.2)	
Rite-Aid	197/337 (58.5)	
Publix	57/183 (31.2)	
Safeway	92/132 (69.7)	
Kroger	50/90 (55.6)	
Meijer	33/50 (66.0)	
Costco	31/47 (66.0)	
H-E-B	33/40 (82.5)	
Harris	19/34 (55.9)	
Sav-On	18/31 (58.1)	
Brookshires	16/29 (55.2)	
Ralphs	4/14 (28.6)	
Vons	3/13 (23.1)	
Other	729/1506 (48.1)	



Injunctive Relief



- A court ordered action to require, or prevent, a party from taking certain actions
- The Injunctive Relief Agreement between distributors and the states mandates the nation's three largest distributors to:
 - Create an office for a Chief Diversion Control Officer
 - Apply metrics to identify potential "red flags" for each independent retail pharmacy customers
 - Create tailored roles for chain customers
 - Provide those red flags to DEA

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FINAL AGREEMENT 3.25.22

EXHIBIT P

Injunctive Relief

INTRODUCTION

- A. Within ninety (90) days of the Effective Date unless otherwise set forth herein, each Injunctive Relief Distributor shall implement the injunctive relief terms set forth in Sections II through XIX (the "Injunctive Relief Terms") in its Controlled Substance Monitoring Program ("CSMP").
- B. The Effective Date of these Injunctive Relief Terms shall be defined by Section I.P of the Settlement Agreement, dated as of July 21, 2021, which incorporates these Injunctive Relief Terms as <u>Exhibit P</u>.



"Unusual" formulations

- D. For purposes of the Injunctive Relief Terms, "Red Flags" are defined as follows:
 - Ordering ratio of Highly Diverted Controlled Substances to non-Controlled Substances: Analyze the ratio of the order volume of all Highly Diverted Controlled Substances to the order volume of all non-Controlled Substances to identify Customers with significant rates of ordering Highly Diverted Controlled Substances.
 - 2. Ordering ratio of Highly Diverted Controlled Substance base codes or drug families to non-Controlled Substances: Analyze the ratio of the order volume of each Highly Diverted Controlled Substance base code or drug family to the total order volume of all non-Controlled Substances to identify Customers with significant rates of ordering each Highly Diverted Controlled Substance base code or drug family.
 - Excessive ordering growth of Controlled Substances: Analyze
 significant increases in the ordering volume of Controlled Substances
 using criteria to identify customers that exhibit percentage growth of
 Controlled Substances substantially in excess of the percentage growth of
 non-Controlled Substances.
 - Unusual formulation ordering: Analyze ordering of Highly Diverted Controlled Substances to identify customers with significant ordering of high-risk formulations. High-risk formulations include, but are not limited to, 10mg hydrocodone, 8mg hydromorphone, 2mg alprazolam, single-

(i.e., buprenorphine without naloxone)

otherwise necessary), high-risk formulations of Highly Diverted Controlled Substances may be added, removed, or revised based on the Injunctive Relief Distributors' assessment and regulatory guidance.



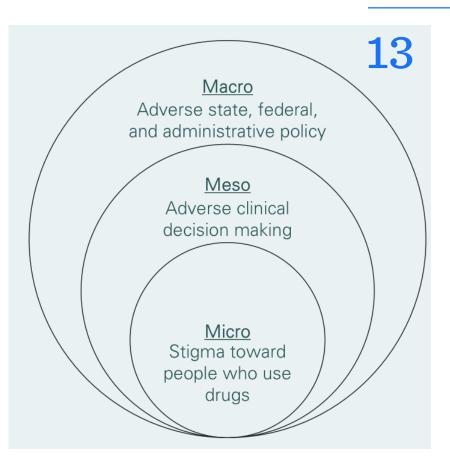
Policing Patients



"I feel as though we are expected to police usage when we really don't know the circumstances of the patient's condition. We are stuck between sticking our nose into something that both the providers and the patients view as "none of our business" and the "powers that be" (e.g., the board of pharmacy, the DEA) demanding that we do so. I don't know about others, but I didn't become a pharmacist to be a glorified security guard in the misuse of controlled substances. Unfortunately, that oftentimes seems to be the way we are viewed by the governing entities."

Quote adapted from Hartung DM, Hall J, Haverly SN, Cameron D, Alley L, Hildebran C, O'Kane N, Cohen D. Pharmacists' Role in Opioid Safety: A Focus Group Investigation. Pain Med. 2018 Sep 1;19(9):1799-1806. doi: 10.1093/pm/pnx139. PMID: 29016883; PMCID: PMC6659018.

Figure adapted from Adapted from Figure 1 in: Cooper HL, Cloud DH, Freeman PR, et al. Buprenorphine dispensing in an epicenter of the U.S. opioid epidemic: A case study of the rural risk environment in Appalachian Kentucky. *Int J Drug Policy*. Mar 26 2020:102701. doi:10.1016/j.drugpo.2020.102701





Stigma



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"And I came back again and she just said, "I have the choice. It's my choice whether or not to fill your medicine." I said, "How is that possible? My doctor says this is the medication I need. Why will you not fill it?" And she said that I have... And apparently, they do have the choice whether or not to fill a medication for someone. And just being very pregnant and in that moment, it was just a really awful experience anyway."





Clinical Necessity





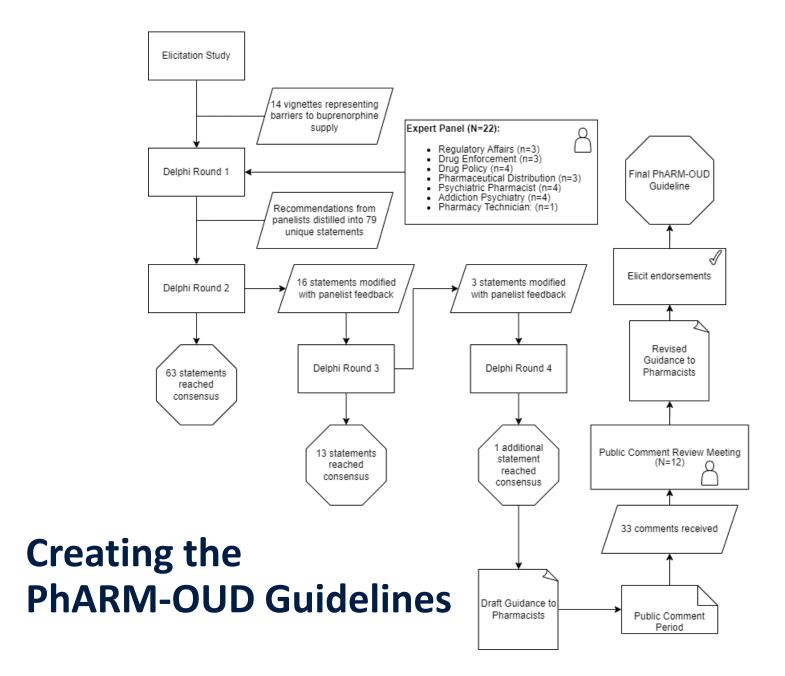
PhARM-OUD



THE PHARMACY ACCESS TO RESOURCES AND MEDICATION FOR OPIOID USE DISORDER (PhARM-OUD) GUIDELINE

- 1. Provide pharmacists with evidence based, consensus guidance to balance administrative risk and patient need.
- 2. Make recommendations to policy makers and other key stakeholders to improve buprenorphine distribution.
- 3. Help patients advocate for themselves in community pharmacies.
- 4. Work with boards of pharmacy to promote access to medication for opioid use disorder









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















Recommendations to Distributors



Guidance to Distributors				
Use one distributor	Buprenorphine orders should be concentrated with one distributor rather than multiple.			
Don't let thresholds dictate decisions	Pharmacists should not decline to dispense buprenorphine based on speculative concerns about potential distributor-controlled substance purchasing restrictions			
DEA must provide concrete guidance to distributors	The Drug Enforcement Agency (DEA) should provide guidance to pharmaceutical distributors to ensure that Suspicious Order Reporting Systems (SORS) do not interfere with a pharmacy's ability to dispense buprenorphine.			
Distributors should revise thresholds	Pharmaceutical distributors should urgently revise the parameters of their buprenorphine SORS with or without input from DEA.			
Buprenorphine thresholds should be independent of other substances	SORS should be designed by distributors to monitor buprenorphine orders in isolation from other controlled substances.			
Approve threshold change requests quickly.	Pharmaceutical distributors should clarify procedures for threshold change requests and ensure that threshold change requests are urgently approved for buprenorphine orders.			



New Tools for Patients



Know Your Rights: Buprenorphine at the Pharmacy

Everyone deserves respectful, timely access to the medication they need to recover. If you are prescribed buprenorphine for opioid use disorder, you have rights under federal law that protect your privacy, access to care, and how you are treated. You can use this card to understand your rights and know what to do if issues come up when filling your prescription.

You have the right to:



Timely Access: Fill your buprenorphine prescription without delay, stigma,



Non-Discrimination: Be treated with dignity, free from discrimination based on your age, race, sex, disability, or history of substance use



Clear Information: Receive clear instructions on how to take, store, and understand the risks and benefits of your medication



Privacy: Expect confidentiality for your health and prescription information under HIPAA.



Insurance Choice: Decide whether your medication is billed to insurance or paid out of pocket.



Know What's Covered: Know whether a pharmacy-delivered service will be covered by insurance before you are charged.



Identification of Pharmacy Staff: Ask for the name, job title (e.g., pharmacist, technician), and license number of anyone involved in preparing or discussing your medication.



Pharmacy Choice and Transfer: Choose where to fill your prescriptions and transfer your buprenorphine prescription to another pharmacy, as permitted by federal law



Itemized Billing: Request a clear breakdown of your medication cost and what was covered by insurance.



Freedom from Pressure to Buy Products: Decline to purchase additional products (including naloxone) if you already have what you need.



Disability Accommodations: Receive communication and service in a manner that meets your needs and complies with federal disability rights



File a Complaint: Report discrimination or refusal to fill your prescription to your state pharmacy board, health department, or civil rights office.

You deserve care that supports your recovery and respects your rights.



The pharmacy says they don't have buprenorphine in stock:

This may be true. Pharmaceutical distributors, the companies that sell medications to pharmacies, limit how much buprenorphine that pharmacies can order each month. Some pharmacies may also just not want to dispense buprenorphine or set their own patient limits. This can make it difficult for patients who need to fill their prescriptions.

- You can ask:
 - "When will you have more buprenorphine in stock?"
 - "Can I fill my prescription here when you have more available?"
 - "Do you know another pharmacy that might have it?"
 - · Once you find another pharmacy that can help, you can ask the new pharmacy to request to transfer your prescription so the new pharmacy can fill it.



GEORGETOWN LAW



ADVOCATE, ACT, ADVANCE,



Advancing Pharmacy Policy



NABP will partner with appropriate stakeholders, including Healthcare Distribution Alliance, Substance Abuse and Mental Health Services Administration, and others, to advocate for DEA to provide clear guidance to wholesale distributors and manufacturers of medications for opioid use disorder (MOUD) regarding pharmacy purchasing thresholds to ease patient suffering and improve access to MOUD; and NABP will advocate for the largest wholesale distributors to develop a standardized process for pharmacies to request increases in thresholds established for MOUD; and NABP will develop educational materials for its members to use to educate pharmacies on the process to request an increase in MOUD supply; and NABP will convene a task force to identify additional opportunities and recommend actions that NABP and its member boards of pharmacy can take to remove barriers limiting patient access to buprenorphine for use in the treatment of opioid use disorder.





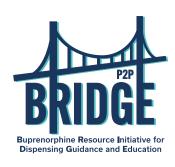
Facilitating Buprenorphine Access Through Pharmacist Peer Outreach





Trish Freeman, RPh, PhD

Earl Platt Slone Endowed Professor in Pharmacy
Practice and Science
University of Kentucky College of Pharmacy



About the Study



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P₂P

Pharmacist to Pharmacist

- Model of educational outreach
- Series of brief visits to community pharmacies to provide education and resources on specific topics
- Full-length CE activities for more indepth learning
- Goals: Develop relationships, improve practice, and be a resource for pharmacists

BRIDGE

Buprenorphine Resource Initiative for Dispensing Guidance and Education

- Objective: Identify and mitigate pharmacy-level barriers to dispensing buprenorphine for opioid use disorder in Appalachian communities
- Pre- and post-surveys and dispensing data from KASPER will determine impact of intervention



P2P Study Overview



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County-level
Buprenorphine
Dispensing, Focus Groups

Development of Key Messages and Materials

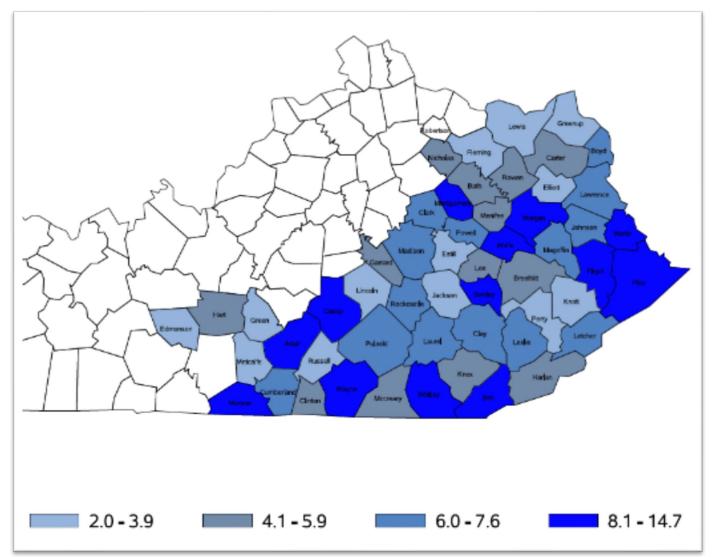
Conduct Baseline
Survey, Mini-visits,
CE Activities

Conduct Post-Survey, CE Evaluations, County-level Buprenorphine Dispensing



Mean Buprenorphine Prescription Dispensing Rate (per OUD Patient) in Appalachian Kentucky Counties, 2021-2022







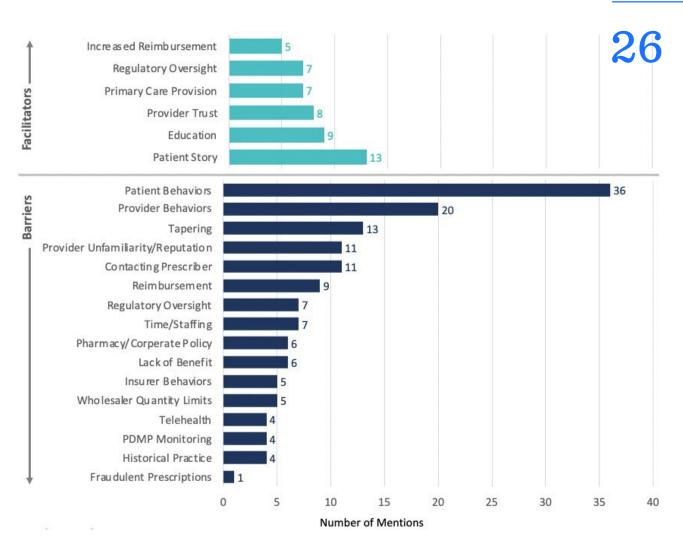
Focus Groups



Patient stories are the most frequently mentioned facilitator

Patient and provider behaviors are the most frequently mentioned barriers

Lack of tapering is the third most frequently mentioned barrier



P2P BRIDGE "Key Messages"

Educational Targets to Promote Behavior Change

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Manage opioid use disorder as a treatable, chronic disease that often requires long-term maintenance therapy

Support individualized treatment goals for each patient's journey to OUD remission and recovery

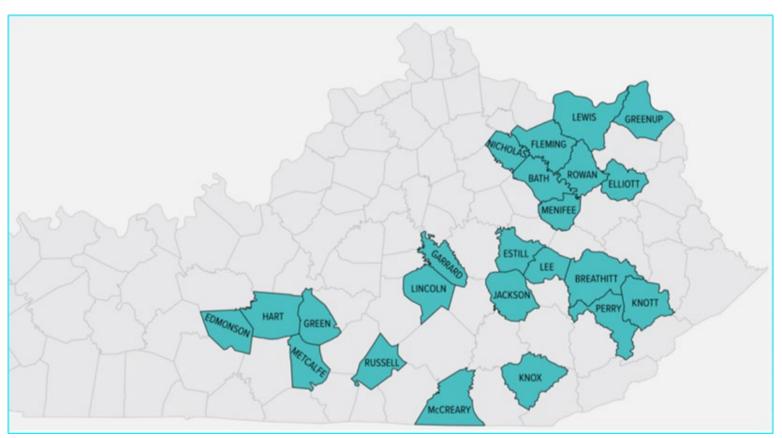
Navigate MOUD prescription concerns through intentional and informed communication with prescribers, patients, and wholesalers

Strengthen your pharmacy's culture of patient-centered care in the treatment of opioid use disorder



23 Counties 116 Pharmacies







Educational Outreach Intervention Timeline





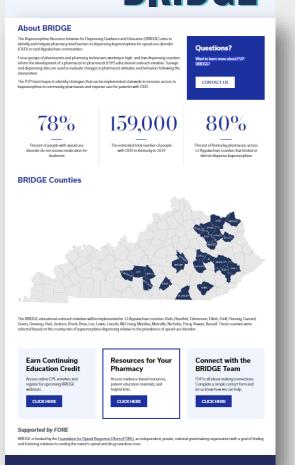




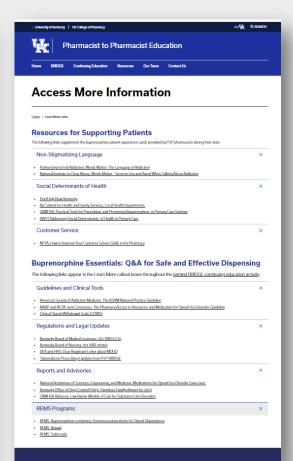
Education

P2P BRIDGE Website

P2P BRIDGE Website developed to host educational materials and resources https://p2p.uky.edu/







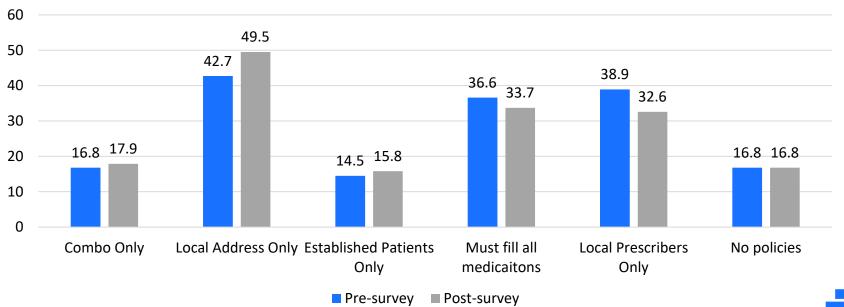
Survey Results Buprenorphine Dispensing



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Reported buprenorphine dispensing for OUD increased from 86.2% to 88.4%

Buprenorphine Dispensing Limitations





Survey Results *Intentions to Dispense*



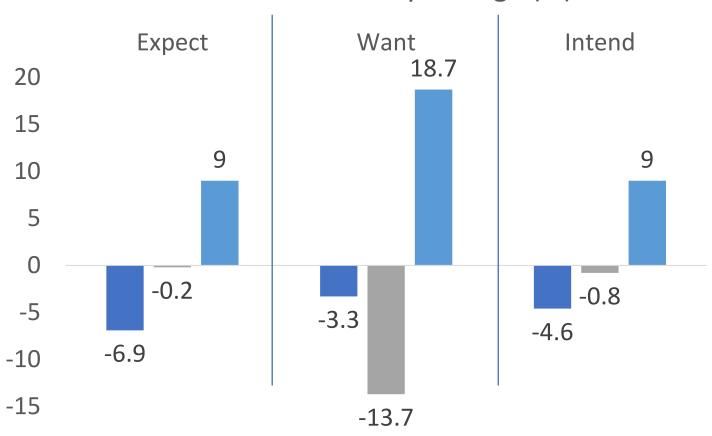
	Pre-Survey (n=131)	Post-Survey (n=95)	p-value
I EXPECT to Dispense Buprenorphine			0.19ª
Strongly/Somewhat Disagree	16 (12.2%)	5 (5.3%)	
Neutral	10 (7.6%)	7 (7.4%)	0.18*
Strongly/Somewhat Agree	104 (79.4%)	84 (88.4%)	
I WANT to Dispense Buprenorphine			0.062ª
Strongly/Somewhat Disagree	14 (10.7%)	7 (7.4%)	
Neutral	29 (22.1%)	8 (8.4%)	0.008*
Strongly/Somewhat Agree	83 (63.4%)	78 (82.1%)	
I INTEND to Dispense Buprenorphine			0.36ª
Strongly/Somewhat Disagree	13 (9.9%)	5 (5.3%)	
Neutral	12 (9.2%)	8 (8.4%)	0.37*
Strongly/Somewhat Agree	100 (76.3%)	81 (85.3%)	



Survey Results *Intentions to Dispense*



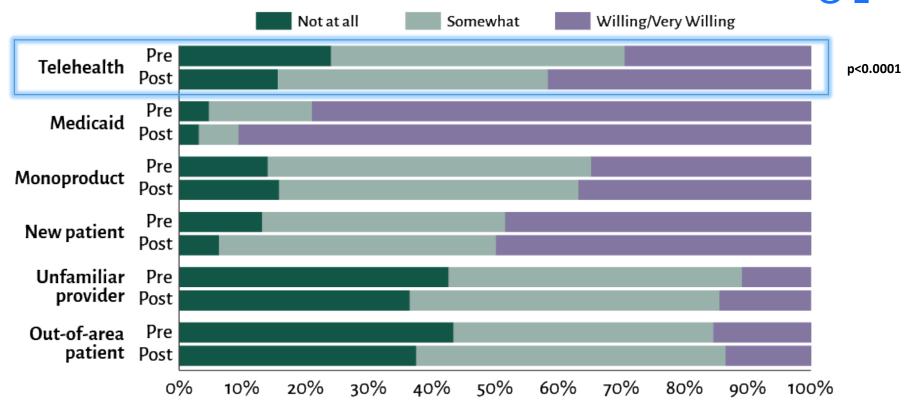






Survey Results *Willingness to Dispense*



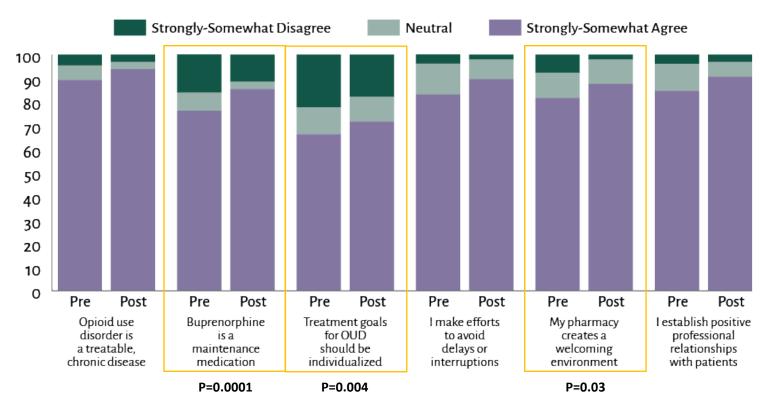


^{*} chi-square p-value comparing the "Not at All Willing" group with the combined "Willing" and "Very Willing" groups. Bold p-value represents a statistically significant result.



Survey Results Pharmacist Attitudes





^{*} chi-square p-value comparing the "Not at All Willing" group with the combined "Willing" and "Very Willing" groups. Bold p-value represents a statistically significant result.



Lessons Learned What We Heard During our Visits



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Regulatory Concerns

- KBML/KBN Regs
- Fear of DEA
- Board warnings/advice

Financial Concerns

- Extra steps for Medicaid
- Wholesaler costs
- Low reimbursement (?)

Prescriber Issues

- Telehealth
- Communication
- Concomitant CS
- Skepticism of providers

Stigma?



Other Lessons Learned



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Corporate-level barriers to buprenorphine dispensing exist

Pharmacists are willing to engage, eager to improve care

Regulatory change is happening fast

"Real world" approach is key to continuing education









UK COP Pharmacist BRIDGE Team: (left to right) Doug Oyler, Adrienne Matson, Trish Rippetoe Freeman, Laura Stinson, Monica Roberts, Dustin Miracle

Increasing Access to Medications for Opioid Use Disorder Using the Pharmacist-Physician-Peer Coach (P3) Collaborative Model



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Careen-Joan Franklin, PharmD

Clinical Psychiatric Pharmacist and Director of

Community Pharmacy Residency Program

Howard University College of Pharmacy

National Pharmaceutical Association

Project Goals



4C

Goal 1

Train at least 80 pharmacy personnel on evidence-based management of OUD and stigma reduction strategies.

Goal 2

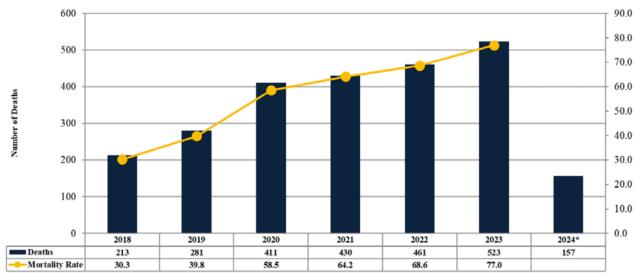
Recruit at least 3 pharmacies to implement Recovery Coach (P3) Collaborative Model



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Opioid Overdoses and Deaths Washington DC





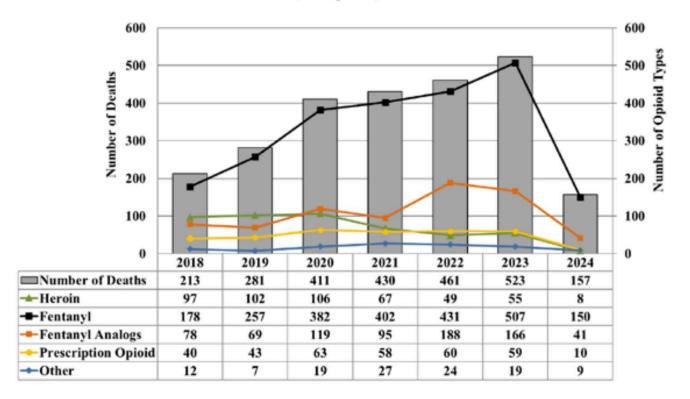
*The mortality rate for 2024 is unavailable due to pending Census ACS population estimates.

¹ The data presented in this report includes 23 cases with deaths due to opioid drug use where the Manner of Death was not "Accident": 2 cases in 2018, 3 cases in 2019, 6 cases in 2021, 4 cases in 2022, 7 in 2023, and 1 case in 2024.



Types of Opioids Involved in Opioid-Related Fatalities

Fig. 2: Distribution of Opioid Types Contributing to Opioid-Related Fatalities (All Opioids)

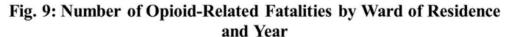


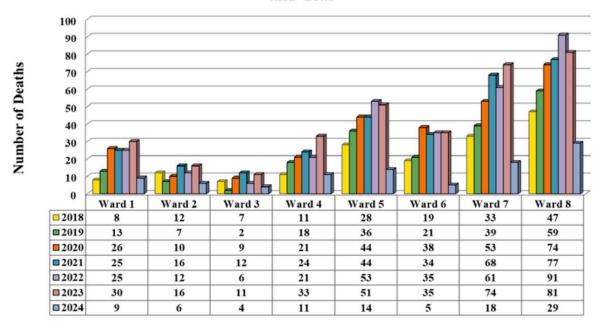




Opioid Related Fatalities by Ward













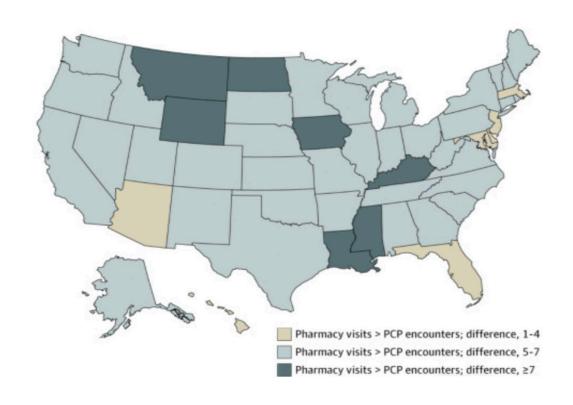
45

Why Community Pharmacists?

Pharmacists Are The Most Accessible Providers



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Berenbrok LA, Gabriel N, Coley KC, Hernandez I. Evaluation of Frequency of Encounters With Primary Care Physicians vs Visits to Community Pharmacies Among Medicare Beneficiaries. *JAMA Netw Open.* 2020;3(7):e209132. doi:10.1001/jamanetworkopen.2020.9132



Evidence



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EXPERIENCE | VOLUME 55, ISSUE 2, P187-192, MARCH 2015

Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients

Bethany A. DiPaula, PharmD, BCPP 😕 🖂 • Elizabeth Menachery, MD

DOI: https://doi.org/10.1331/JAPhA.2015.14177

Mailloux LM, Haas MT, Larew JM, DeJongh BM. Development and implementation of a physician-pharmacist collaborative practice model for provision and management of buprenorphine/naloxone. Ment Health Clin [Internet]. 2021;11(1):35-9. DOI: 10.9740/mhc.2021.01.035.



DiPaula BA, Menachery E. Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients. *J Am Pharm Assoc* (2003). 2015;55(2):187-192. doi:10.1331/JAPhA.2015.14177

INNOVATIVE PRACTICE

Open Access

Development and implementation of a physician-pharmacist collaborative practice model for provision and management of buprenorphine/naloxone

Lindsay M. Mailloux, PharmD¹; Matthew T. Haas, PharmD, BCPP, BCPS²; Janel M. Larew, PharmD, BCPS³; Beth M. DeJongh, PharmD, BCPP, BCPS⁴

Evidence



Addiction (Abingdon, England)

Author Manuscript

HHS Public Access

Buprenorphine physician-pharmacist collaboration in the management of patients with opioid use disorder: Results from a multisite study of the National Drug Abuse Treatment Clinical Trials Network

Li-Tzy Wu, William S. John, [...], and Paolo Mannelli

Wu LT, John WS, Ghitza UE, et al. Buprenorphine physician-pharmacist collaboration in the management of patients with opioid use disorder: results from a multisite study of the National Drug Abuse Treatment Clinical Trials Network. *Addiction*. 2021;116(7):1805-1816. doi:10.1111/add.15353

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American Journal of Health-System
Pharmacy: AJHP

Oxford University Press

Leveraging pharmacists to maintain and extend buprenorphine supply for opioid use disorder amid COVID-19 pandemic

Alyssa M Peckham, PharmD, BCPP, Jennifer Ball, PharmD, BCACP, BCGP, [...], and Tran H Tran, PharmD, BCPS

Peckham AM, Ball J, Colvard MD, et al. Leveraging pharmacists to maintain and extend buprenorphine supply for opioid use disorder amid COVID-19 pandemic. *Am J Health Syst Pharm*. 2021;78(7):613-618. doi:10.1093/ajhp/zxab003

Evidence



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CORRESPONDENCE

Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies

Published January 11, 2023 | N Engl J Med 2023;388:185-186 | DOI: 10.1056/NEJMc2208055 | VOL. 388 NO. 2

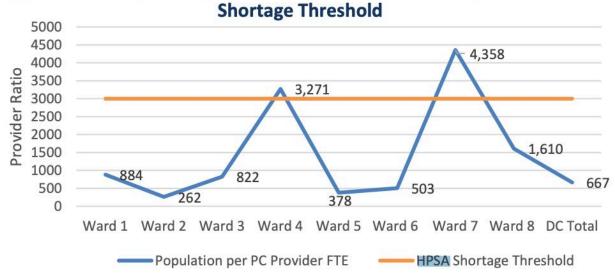
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Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186. doi:10.1056/NEJMc2208055

DC Population to Provider Ration





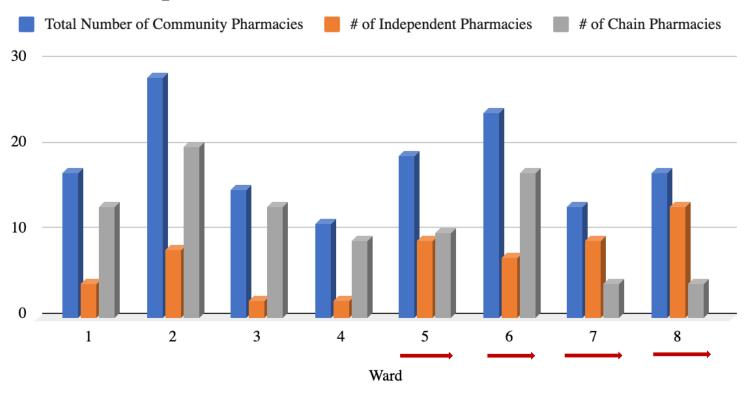






Total Number of Community Pharmacies (Independent Pharmacies vs Chain Pharmacies)







Barriers to the Use of OUD Treatment



	Patient-Identified	Provider-identified	Administrator-identified or systems level
Stigma	Social stigma Self-stigma Buprenorphine stigma	Social stigma Stigma of patients with OUD Buprenorphine stigma	
Treatment experiences and beliefs	Willpower more important than treatment Treated poorly by treatment center staff Rigid treatment structure	Lack of patient need/demand for buprenorphine Lack of interest/motivation in prescribing	Perception of anti-pharmacotherapy attitudes among providers
Knowledge Gaps	Lack of education on OUD treatment Uncertainty about where to obtain care	Lack of training on OUD Lack of confidence in treating OUD Perception that OUD medication not effective	Lack of provider awareness of buprenorphine
Logistics	High out of pocket costs Long wait times "Fist-fail" policies	Time constraints Low insurance reimbursement Inability to refer to psychosocial supports Diversion concerns Lack of institutional support	Prior authorizations Cost Requirements for concurrent counseling or Stepped treatment

Mackey K, Veazie S, Anderson J, Bourne D, Peterson K. Barriers and Facilitators to the Use of Medications for Opioid Use Disorder: a Rapid Review. *J Gen Intern Med.* 2020;35(Suppl 3):954-963. doi:10.1007/s11606-020-06257-4



PhARM-OUD Guideline



Maintenance pharmacotherapy with buprenorphine

 Optimizing the safety and effectiveness of buprenorphine pharmacotherapy 53

 Interpreting prescription drug monitoring program data

Care coordination and prescriber communication

Early refills

3

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 Providing care to persons utilizing telehealth • Stigma toward persons with OUD

• Buprenorphine mono-product

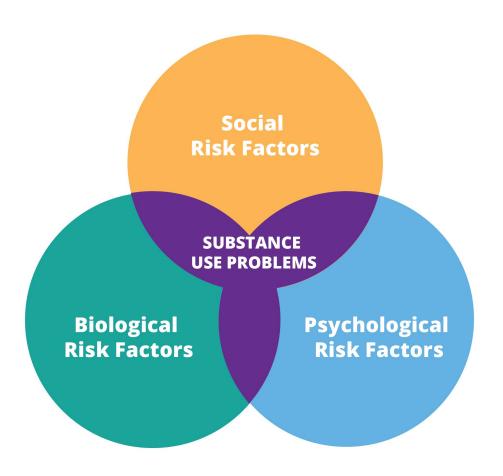
Employer oversight

A Joint Consensus Practice Guideline from the National Association of Boards of Pharmacy and the National Community Pharmacists Association



Biopsychosocial Model









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50%



Pharmacist

40%



Physician or Other Provider

10%

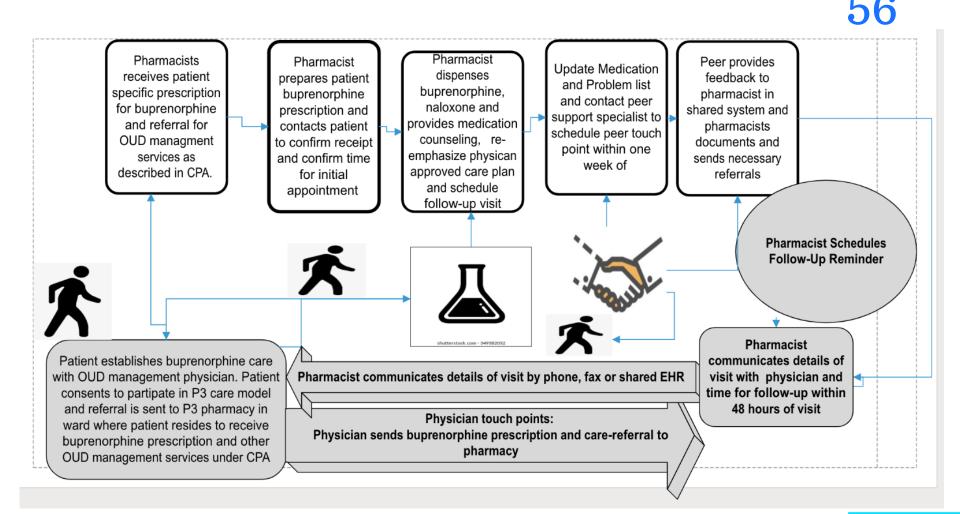


Peer Recovery Specialist



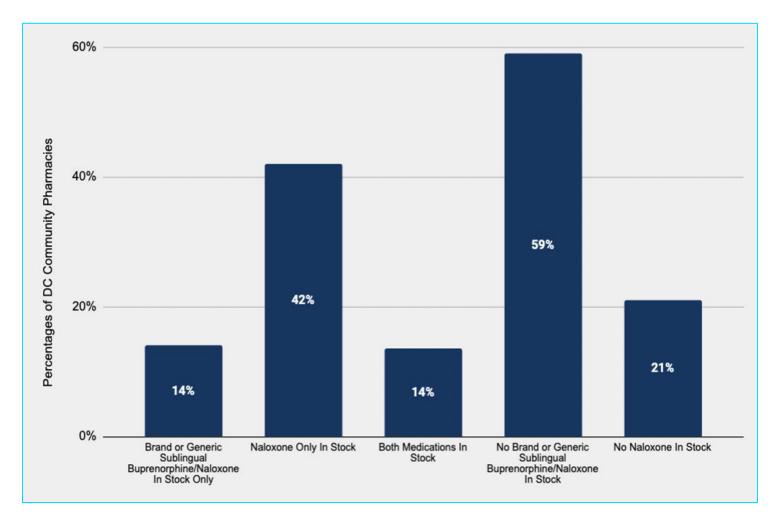
P3 Model for Collaborative Management of Persons with OUD





Sublingual Buprenorphine Access In DC Community Pharmacies







P3 Model for Collaborative Management of Persons with OUD



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- DC Community Pharmacy Survey
- Training (community pharmacy personnel and PRS)
- Identify pilot community pharmacies

Phase II

- Pharmacy & Provider Collaborative Contracts
- Patient Recruitment and collaborative care

Phase III

- Outcomes evaluation
- Expansion?



A Training Symposium Empowering DC Pharmacists In **Opioid Use Disorder** Management

Enhance your knowledge of opioid use disorder management and become certified in induction of buprenorphine #pharmacistsymposium

Completion includes:

- Successful completion of the APhA selfpaced training program prior to the training date and
- Attendance of scheduled training symposium. Participants will earn a certificate of

completion issued by the American Pharmacists Association (APhA) equivalent to 8 contact hours of CPE credits

Date: Saturday July 13th, 2024 **Location**: Anacostia Arts Center 1231 Marion Barry Avenue, SE Washington, DC 20002 Time: 9am to 2 pm Cost: FREE

Register Here







- American Pharmacists Association (APhA) issued **Opioid Use Management** Certification
- Training on the P-3 process
- **CPE and CME credits**
- Pilot pharmacy onboarding
- Community pharmacy implementation guide











College of Pharmacy



Partner Pharmacies









Successes and Challenges



Successes	Challenges
 High community pharmacy personnel interest (more than 80 community pharmacy personnel signed up for training symposia) Community trust in delivery of pharmacy services Provider interests in expansion 	 Delays in execution of CPA's Slow or no patient referrals Research protocol modifications? No/low reimbursement for pharmacists' services in DC (soon to change) Pharmacy staffing challenges Limited future funding opportunities



Q&A Session

Moderator: Ken Shatzkes, PhD | Program Director, FORE







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Take Care of Yourself! Thank You For Your Work!

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