Center on
Rural Addiction
UNIVERSITY OF VERMONT
Rural Center of Excellence
on SUD Treatment

Community Rounds Workshop Series

Addressing Barriers to MOUD Access at Rural Community Pharmacies

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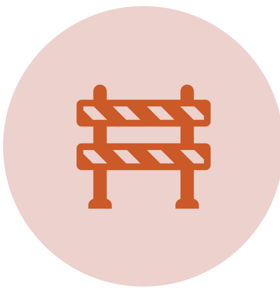
Objectives



Describe barriers that impact MOUD dispensing in rural community pharmacies

Outline how barriers to pharmacy-based MOUD access impact members of rural communities

Identify resources that can be used to increase MOUD access at community pharmacies

Discuss how prescribers can work with rural pharmacies to support MOUD access

Background

Pharmacists are impactful and accessible

- Provide medications and harm reduction supplies, including naloxone, syringes, and drug test strips
  - Naloxone distributed via the Massachusetts statewide standing order decreased opioid overdose death rates
- Implement screening and counseling services for people with OUD
- Offer drug take-back programs

Xuan, Z., Walley, A. Y., Yan, S., Chatterjee, A., Green, T. G., & Pollini, R. A. (2024). Pharmacy Naloxone Standing Order and Community Opioid Fatality Rates Over Time. *JAMA Network Open*, *7*(8), e2427236-e2427236.
Kosobuski, L., O'Donnell, C., Koh-Knox Sharp, C. P., Chen, N., & Palombi, L. (2022). The role of the pharmacist in combating the opioid crisis: an update. *Substance Abuse and Rehabilitation*, 127-138.

Proportion of Population Within 5 Miles

0%

100%

No Data

90% of the population lives within 5 miles of a pharmacy

Evening and weekend hours

Insurance and appointment not needed

Berenbrok et al (2022). Access to community pharmacies: A nationwide geographic information systems cross-sectional analysis. *Journal of the American Pharmacists Association*, *62*(6), 1816-1822.

Barriers to MOUD Access at Pharmacies

MOUD at Pharmacies

	Methadone	Naltrexone	Buprenorphine
Administration	Oral	Oral, intramuscular injection	Oral tablet or film, subdermal implant, subcutaneous extended-release injection
Prescribing and dispensing	SAMHSA-certified Opioid Treatment Programs (OTPs) dispense methadone for daily administration on site or at home (stable patients); **medication unit partnerships with pharmacies for dispensing possible**	Any individual licensed to prescribe medicines may prescribe and/or order administration by qualified staff; **WI and OH pharmacists can administer; other states can administer with CPAs**	MAT Act eliminated need for prescriber DEA-X waiver. **Any pharmacy can fill a buprenorphine script.** ★
Other considerations	Allowed to be dispensed at pharmacies for pain	Number of states allowing pharmacists to administer long-acting injectable meds increasing	**Not all pharmacies stock buprenorphine or fill buprenorphine prescriptions**

https://www.samhsa.gov/medications-substance-use-disorders/become-accredited-opioid-treatment-program
https://www.sciencedirect.com/science/article/pii/S1551741120311219?casa_token=jK2j7_yGC9MAAAAA:QM7Y23rfnqY6PgiHJ-TbOEeTOhfPg__XtDJDuxpq6gz0IMPYEJ2M1ANlHfvtD6drYCQNcfABQg
Ford et al (2019). Systematic analysis of the service process and the legislative and regulatory environment for a pharmacist-provided naltrexone injection service in Wisconsin. *Pharmacy*, *7*(2), 59.

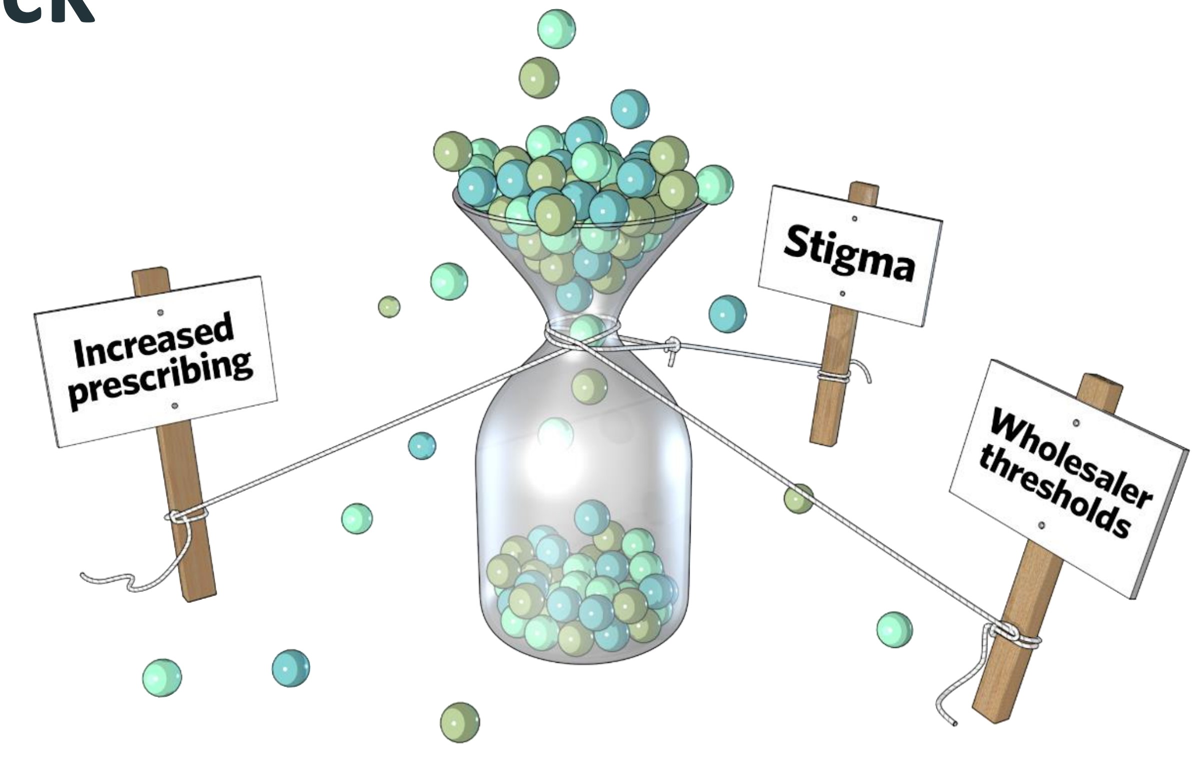
Barriers to buprenorphine access

Level	Barriers
Policy-level	• Suspicious order monitoring programs; wholesaler thresholds; “red flags”
Provider-level	• Limited SUD treatment options in rural areas; lack of communication with pharmacists
Pharmacy-level	• Refusal to fill; stigma; lack of communication with providers; mistrust of prescribers and patients; misinformation
Patient-level	• Dispensing delays; stigma; cost; transportation

Ostrach et al (2021). DEA Disconnect Leads to Buprenorphine Bottlenecks. *Journal of Addiction Medicine* 15, no. 4 (2021): 272–75.
Harless (2022). Eligible Prescriber Experiences with Substance Use Disorder Treatment and Perceptions of Pharmacy Barriers to Buprenorphine. *Southern Medical Journal*, *115*(8), 584-592.
Carpenter et al (2022). North Carolina community pharmacists’ buprenorphine dispensing practices and attitudes. *Journal of the American Pharmacists Association*, *62*(5), 1606-1614.
Major et al (2023). Factors in rural community buprenorphine dispensing. *Exploratory Research in Clinical and Social Pharmacy*, *9*, 100204.
Ostrach, B., Potter, R., Wilson, C. G., & Carpenter, D. (2022). Ensuring buprenorphine access in rural community pharmacies to prevent overdoses. *Journal of the American Pharmacists Association*, *62*(2), 588-597.
Trull et al (2021) Rural Community Pharmacist Willingness to Dispense Suboxone® - A Secret Shopper Investigation in South-Central Appalachia.*Exploratory Research in Clinical and Social Pharmacy* 4: 100082.

Buprenorphine bottleneck

- The combination of **increased buprenorphine prescribing** alongside **wholesaler thresholds** and **stigma** work together to produce a bottleneck that limits access.
- This creates a '**prescribing cliff**' where more prescribing does not result in more access to buprenorphine if pharmacies cannot or do not dispense.



Pattani A. DEA takes aggressive stance toward pharmacies trying to dispense addiction medicine. NPR, 2021. https://www.npr.org/sections/health-shots/2021/11/08/1053579556/dea-suboxone-subutex-pharmacies-addiction.
Ostrach et al (2021). DEA Disconnect Leads to Buprenorphine Bottlenecks. Journal of Addiction Medicine 15, no. 4 (2021): 272–75

Stigma at pharmacies

- Stigma is a pervasive problem at pharmacies not just for MOUD but for other harm reduction services
- Pharmacy staff misconceptions about SUD and OUD treatment reinforce stigma

Ostrach, Bayla, Delesha Carpenter, and Larry P. Cote. “DEA Disconnect Leads to Buprenorphine Bottlenecks.” Journal of Addiction Medicine 15, no. 4 (2021): 272–75.;
Ostrach, B., Potter, R., Wilson, C. G., & Carpenter, D. (2022). Ensuring buprenorphine access in rural community pharmacies to prevent overdoses. *Journal of the American Pharmacists Association*, *62*(2), 588-597.

Pharmacy Staff Stigma

They seem to start t[...]
good, but they neve[...]
trading one addicti[...]

Community pha[...]

Interviewer: *You mentioned another pharmacy in town that will not fill Buprenorphine [...] why?*

Participant: *Our technician who used to work there just said… the [pharmacist]* ***just doesn't want to****… she's trying to prevent certain… people coming through… she doesn't sell needles or any kind of bupe… I* ***think it's more … I guess maybe ethical/moral. She just chooses not to.***

Community pharmacist, 2 years experience

Pattani A. DEA takes aggressive stance toward pharmacies trying to dispense addiction medicine. *NPR,* 2021. https://www.npr.org/sections/health-shots/2021/11/08/1053579556/dea-suboxone-subutex-pharmacies-addiction.
Ostrach et al (2021). DEA Disconnect Leads to Buprenorphine Bottlenecks. *Journal of Addiction Medicine* 15, no. 4 (2021): 272–75

Misinformation about Bupe and OUD

50%

of pharmacists interviewed mentioned perceived diversion

- Concerns about buprenorphine “misuse” and diversion

> “We re-strict ‘em with controls not because we think they're abusing it [sic], but we don't wanna take the chance
>
> *Community pharmacist, 10 years experience*

Major et al (2023). Factors in rural community buprenorphine dispensing. *Exploratory Research in Clinical and Social Pharmacy*, *9*, 100204.

Reasons behind diversion

81%
prefer using prescribed buprenorphine, if available.

33%
of respondents who had used diverted buprenorphine reported barriers to finding a doctor or obtaining buprenorphine on their own.

Prevent withdrawal (79%)
Maintain abstinence (67%)
Wean off drugs (3%)
Most common reasons for using diverted buprenorphine

Inability to obtain prescribed buprenorphine can contribute to diversion

Chilcoat HD, Amick HR, Sherwood MR, Dunn KE. Buprenorphine in the United States: Motives for Abuse, Misuse, and Diversion. J Sub Abuse Treat. 2019;104:148-157. doi:10.1016/j.jsat.2019.07.005
Cicero TJ, Ellis MS, Chilcoat HD. Understanding the Use of Diverted Buprenorphine. Drug and Alcohol Dependence. 2018;193:117-123. doi:10.1016/j.drugalcdep.2018.09.007
Carroll JJ, Rich JD, Green TC. The More Things Change: Buprenorphine/naloxone Diversion Continues While Treatment Remains Inaccessible. J Addict Med. 2018;12(6):459-465. doi:10.1097/ADM.0000000000000436
Monico LB, Mitchell SG, Gryczynski J, et al. Prior Experience with Non-Prescribed Buprenorphine: Role in Treatment Entry and Retention. J Sub Abuse Treat. 2015;57:57-62. doi:10.1016/j.jsat.2015.04.010

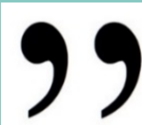
Misinformation about Bupe and OUD

38%

of pharmacists interviewed expressed concerns about treatment plans and duration

- Concerns about the duration of treatment; desire to see tapering
- Desire to know provider intention
- Misinformation about evidence-based practice

*[I worry about] **the length of time somebody needs to be on the buprenorphine**, but I guess it's a medical question. We're glad to dispense … But again, the purpose is to get them off of drugs, seems like they could be off that one too eventually. I'm **just concerned about the people bein' on it for, you know, 10 years**… you have to weigh the cost to society. It's better them to do that than be on black tar heroin I guess [sic]… I worry about how long - **it seems like they could taper off on this** – I don't know, [after] three years… Seems like a lot of people don't ever get off of the buprenorphine. They're on it for years*



Community pharmacist, 38 years experience

Unwillingness to dispense

In interviews, reasons for not dispensing included: *patient from out of area; mistrust of prescription; not accepting new patients for buprenorphine; product availability.*

*…we do have to look at, you know, the people that we're serving. Are we serving just people inside of our county **or are we getting people from outside?** And we do have a couple of folks who, and I don't even remember how we ended up with them but their doctor is in a different county and, you know, generally [we] don't do that, just… they can't find anywhere else to get their medication... it's not… any question as to whether they're legitimate prescriptions or not, you know, but they come here from... the next county over, and… it could be very problematic…***we usually just try to take care of people who are really close.**

Community pharmacist and pharmacy school preceptor, 30 years experience

Major et al (2023). Factors in rural community buprenorphine dispensing. *Exploratory Research in Clinical and Social Pharmacy*, *9*, 100204.

Refusal to fill

96%

kept buprenorphine in stock

Pharmacists who had more negative attitudes towards buprenorphine were less likely to dispense

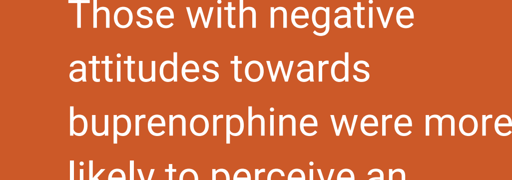
62%

had refused to fill a buprenorphine prescription

- 55% had refused at least three times
- Most common reason for refusal: out of area patient
- Pharmacists at independent pharmacies more likely to refuse

31%

believed there were buprenorphine ordering limits



- Those with negative attitudes towards buprenorphine were more likely to perceive an ordering limit
- Most cited wholesalers as the source of the limit

Ostrach, Bayla, Delesha Carpenter, and Larry P. Cote. “DEA Disconnect Leads to Buprenorphine Bottlenecks.” Journal of Addiction Medicine 15, no. 4 (2021): 272–75.;
Ostrach, B., Potter, R., Wilson, C. G., & Carpenter, D. (2022). Ensuring buprenorphine access in rural community pharmacies to prevent overdoses. *Journal of the American Pharmacists Association*, *62*(2), 588-597.

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Conditions for filling in rural areas

Conditions included:

Patient and/or prescriber must be in-state

Ability to verify prescription

Embedded pharmacy, only fills for patients of on-site prescribers *(e.g., FQHC)*

Ordering limitations (real and perceived)

- ‘Cap’ on total number of patients for tablet formulation but able to dispense sublingual films
- Out of stock

Trull et al (2021) Rural Community Pharmacist Willingness to Dispense Suboxone® - A Secret Shopper Investigation in South-Central Appalachia. *Exploratory Research in Clinical and Social Pharmacy* 4: 100082.

There is no DEA cap on orders

"We find **no such cap exists**, though medication distributors struggle to accurately understand and interpret regulatory guidelines, with implications for medication availability [...] patients prescribed buprenorphine products report difficulty filling prescriptions and **pharmacists perceive limits** on how much medication they can order and stock."

Ostrach B, Carpenter D, Cote LP. DEA Disconnect Leads to Buprenorphine Bottlenecks. *Journal of Addiction Medicine* 2020;15(4):272-275. doi:https://doi.org/10.1097/adm.0000000000000762

But there are wholesaler thresholds

- Buprenorphine is included in most wholesaler controlled substance monitoring programs and as such may be subject to additional:
  - Monitoring
  - Restrictions
  - Blocked orders/shipments
  - Documentation or due diligence required for increasing order size

- Each wholesaler has their own algorithm/system for monitoring for “suspicious” ordering; but this is not communicated to the pharmacy

Pharmacist cap perceptions

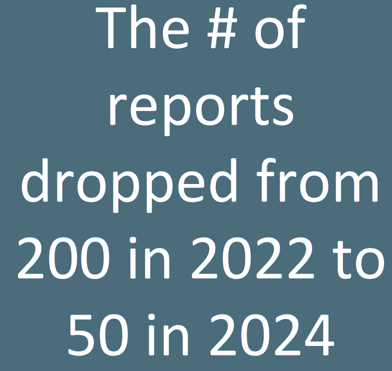
Many pharmacists perceive a DEA 'cap', which limits their willingness to accept new patients

I've heard…competitors say that they've reached a limit of how many patients they can fill [buprenorphine for]…

Community pharmacist, 22 years experience

Major et al (2023). Factors in rural community buprenorphine dispensing. *Exploratory Research in Clinical and Social Pharmacy*, *9*, 100204.

Refusal to fill nationally

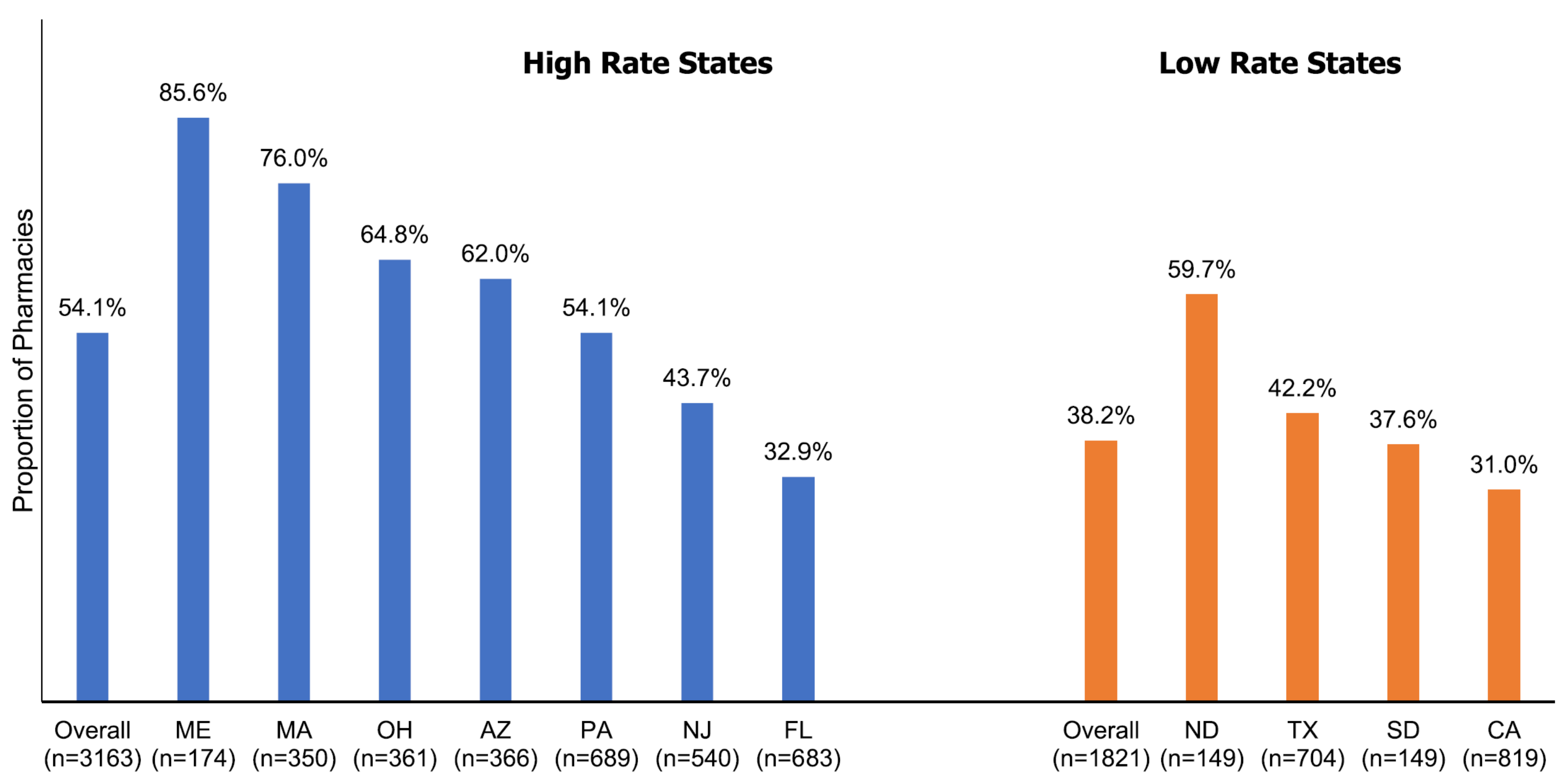


Percent of reports

	2022	2024
Declined to fill	45	76
Inadequate stock	41	16

https://www.asam.org/news/detail/2024/10/31/reports-of-refusals-to-fill-buprenorphine-prescriptions-hits-new-high--but-overall-reports-down

Not stocking buprenorphine



BUP/NX was available in 48.3% of pharmacies

Less available in non-metro counties

Less available at independent pharmacies

Hill et al (2022). Availability of buprenorphine/naloxone films and naloxone nasal spray in community pharmacies in 11 US states. *Drug and alcohol dependence*, *237*, 109518.

Pharmacist stocking perspectives

- Discouraged by wholesaler thresholds
- Prioritize stock for established patients

*We were **not able to keep the opioids in stock that our normal patients were getting** if we filled [buprenorphine] for these patients that would just come for, you know, one month they would come, and then for four months they would go to a different pharmacy.*

Ostrach, Bayla, Delesha Carpenter, and Larry P. Cote. "DEA Disconnect Leads to Buprenorphine Bottlenecks." Journal of Addiction Medicine 15, no. 4 (2021): 272–75.; Ostrach, Bayla, Rachel Potter, Courtenay Gilmore Wilson, and Delesha Carpenter. "Ensuring Buprenorphine Access in Rural Community Pharmacies to Prevent Overdoses." Journal of the American Pharmacists Association online ahead of print (October 8, 2021). https://doi.org/10.1016/j.japh.2021.10.002.; Major E, Wilson CG, Carpenter DM, Harless JC, Trull C, Ostrach B. Factors in Rural Community Buprenorphine Dispensing. Under Review.

Cost

That huge
afford it. S
backslidin
know wha
weren't fe
struggled
take adva

Don't start [buprenorphine]... I hate it. I wish that I'd never started it... [the prescribers] try cutting me down [but] they don't want you to get off it... Not when you pay them $425.00 a month [in office fees] ... And then, when they cut you down, they give you the half tablet...you go into the pharmacy, and you pay more for the half tablet than you would for a full tablet... it costs you money to try to quit [bupe]... it's completely against you if you try to quit.

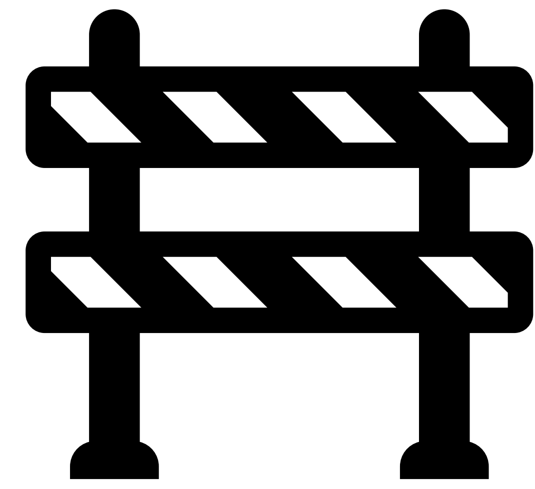
43-year-old, 2 years on MOUD

Ostrach, B., Potter, R., Wilson, C. G., & Carpenter, D. (2022). Ensuring buprenorphine access in rural community pharmacies to prevent overdoses. *Journal of the American Pharmacists Association*, *62*(2), 588-597.

Impacts on Rural Patients

When pharmacies are unable or unwilling to dispense buprenorphine, patients are at increased risk of:

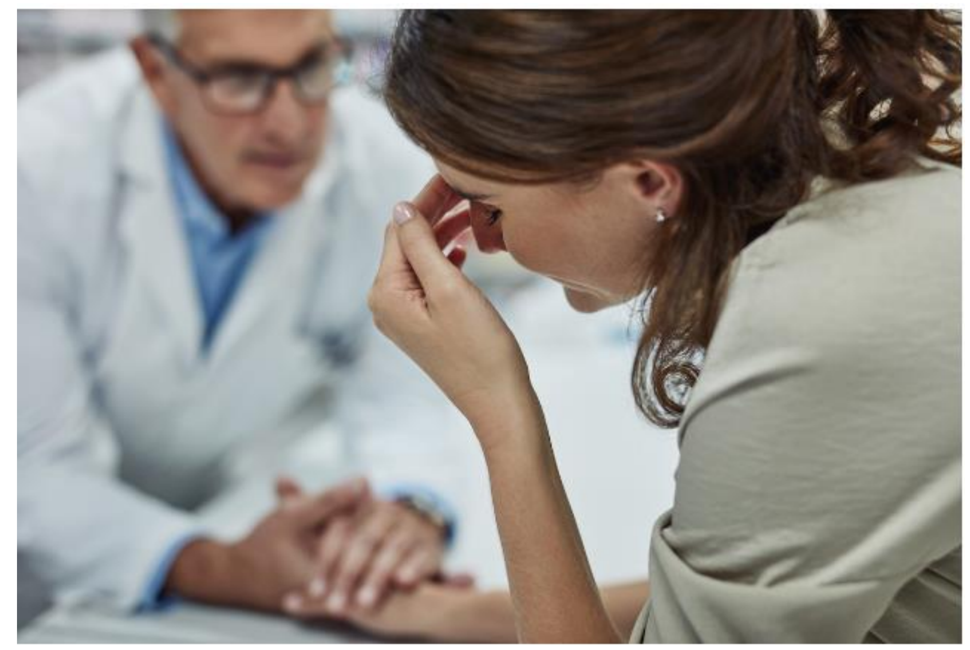
- Discontinuing treatment
- Using non-prescribed substances
- An emergency department visit
- All-cause mortality
- Overdose



Ma et al. Effects of Medication-assisted Treatment on Mortality Among Opioids Users: A Systematic Review and Meta-analysis. Mol Psychiatry. 2019;24(12):1868-1883. doi:https://doi.org/10.1038/s41380-018-0094-5
Carroll J, Green T, Noonan R. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018. https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf
Williams et al. Acute care, prescription opioid use, and overdose following discontinuation of long-term buprenorphine treatment for opioid use disorder. Am J Psychiatr. 2020;177(2):117-124.

Impacts in rural Appalachia

Cost and dispensing delays contribute to patients experiencing withdrawal symptoms, returning to illicit substances, and regretting initiation of OUD treatment



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Ostrach, Bayla, Rachel Potter, Courtenay Gilmore Wilson, and Delesha Carpenter. "Ensuring Buprenorphine Access in Rural Community Pharmacies to Prevent Overdoses." Journal of the American Pharmacists Association online ahead of print (October 8, 2021). https://doi.org/10.1016/j.japh.2021.10.002.

Refusals encourage tx discontinuation

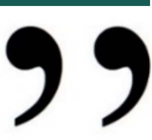
Interviewer: … *what you would tell somebody else that got a prescription and was going to the pharmacy to fill it?*

BPE5: … *don't get the prescription. Just go to the [methadone] clinic daily and dose… Don't even mess with the pharmacy. Because it's a runaround. And then, when you're on your medication every day, some days they'll make you miss because there will be a mix-up or whatever, then they'll make you miss your medication; miss a day or two and then that really throws you …for a loop… [you can be more at risk for overdose]...*

Interviewer: *So, did that happen to you, where you ended up having to miss some days of your medication because of the pharmacy?*

BPE5: *Yes… Yes...Oh, hell. It's the worst sickness in the world. It's a really bad sickness.*

Harm reduction program participant, 6 months



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Refusals compound travel difficulties

I [have a] patient. He’s legit. I mean, I actually checked the website, and he goes to another competitor chain store, and he fills his normal prescriptions, and then he comes here, and I asked him one time – I said, you know, you're traveling roughly an hour away. He goes, I've gone to treatment plans where I live in the area, but none of the pharmacies even fill it. I said, did you ask ‘em why, and he says I went to one or two pharmacies, and even the one that he literally uses to get his maintenance medicine, and they said just the pharmacist is not comfortable filling his prescription for that medicine even though he's goin’ to a legitimate doctor; he's using his (insurance); he's, you know, not getting into anything.

Community pharmacist, 22 years experience

Major et al (2023). Factors in rural community buprenorphine dispensing. *Exploratory Research in Clinical and Social Pharmacy*, *9*, 100204.

Rural patient perspective

*People who are taking this medication are doing so to try to **make their lives better**… I've had friends who said, 'Why should I even try to stop using drugs if I'm still going to be judged?' So, they have **returned to using drugs** instead of staying on the Suboxone. My suggestion is for pharmacists to **be supportive of buprenorphine**.*

Rural patient with OUD, 2020

Resources to Increase Access

Training should include solutions to:

01

Reduce stigma

- How to talk with patients
- How to talk with pharmacy staff
- Create a welcoming environment

02

Address red flags

- Communicate with out-of-area providers
- Correct misinformation about patients who have monoproduct prescriptions, are out-of-area or telehealth, pay in cash, or refer to medications by name

03

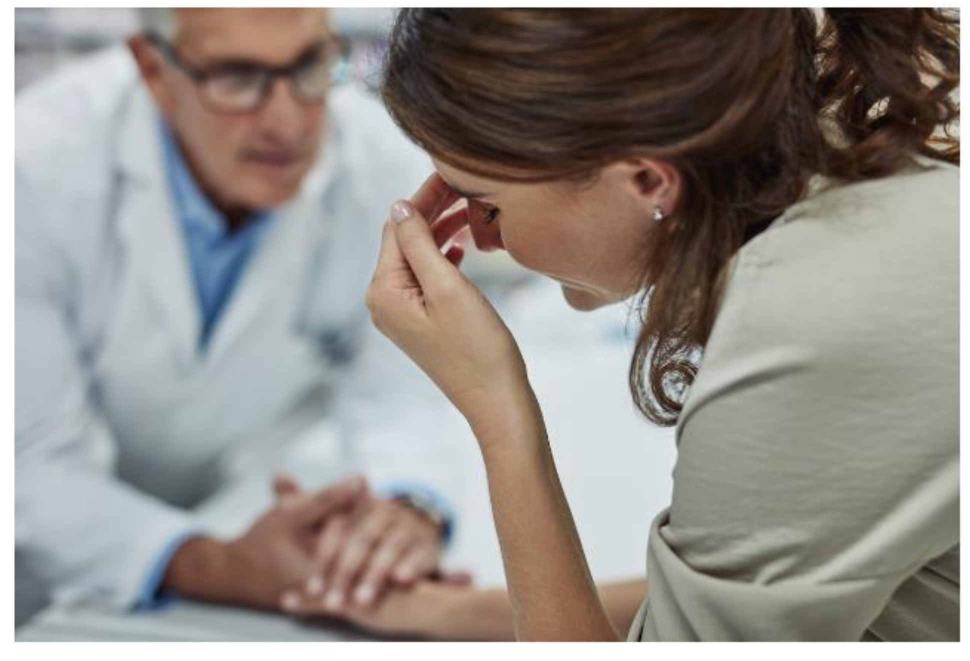
Overcome ordering barriers

- How to increase order sizes with wholesalers
- Dedicated dispensing agreements

Training for pharmacists (B.U.P.E.)

Four modules

- Buprenorphine facts
- Role of pharmacists
- Overcoming barriers
- FAQs/Video examples



Carpenter, D., Mashburn, P., Viracola, C., Marley, G., & Ostrach, B. (2023). A Brief Online Training to Address Pharmacists' Willingness to Dispense Buprenorphine. *Journal of Addiction Medicine*, 10-1097.

What can I do about order size limits (thresholds) from my wholesaler?

Consider:

Advocating with your wholesale distributor to increase your pharmacy's order size.

Seeking support from local prescribers to document their number of OUD patients for whom they regularly send you scripts.

Establishing a contract or dispensing agreement with a nearby prescribing entity, such as the health department or an OBOT program to ensure stable demand.

Tips for contacting wholesale distributors to increase buprenorphine order sizes:

1. When calling a wholesale distributor for anything, enter the pharmacy account number in the phone system. This helps them pull up the account before answering any questions.
2. A representative from the wholesale distributor may call the pharmacy regularly (at some locations, as often as every 2 weeks) to check in about special pricing, rebate totals, and answer any questions that may arise from the last call. -- *This is an opportunity to bring up any anticipated increase in buprenorphine demand, if you are aware of an increase in waivered providers in your area, for example.*
3. Be aware that wholesale distributors will be cautious when it comes to increasing orders of controlled substances such as buprenorphine. Pharmacists that have succeeded in increasing a buprenorphine order size suggest you end an email to the wholesale distributor representative with:
   a. reasons for the increase
   b. how much of an increase
   c. from which prescriber(s) the increase arises; information such as prescriber(s)' DEA number; practice location address(es)

- *This is an opportunity to communicate with prescribers you've noticed are newly prescribing, sending more buprenorphine prescriptions than before, or otherwise contributing to increased dispensing demand.*
- *Ask them to provide a letter documenting their increased patient panel or that they are newly X-waivered and beginning to treat OUD patients.*
- *If possible, see if a prescriber will indicate how many patients they expect to send scripts to your pharmacy for, and how often, and if they will document that for your wholesale distributor.*

Carpenter, D., Mashburn, P., Viracola, C., Marley, G., & Ostrach, B. (2023). A Brief Online Training to Address Pharmacists' Willingness to Dispense Buprenorphine. *Journal of Addiction Medicine*, 10-1097.

Pharmacist Impact

A warm welcome supports treatment continuity.

Image owned by and used with permission from Delesha Carpenter, PhD, MSPH

- Efforts to provide access are most successful when the **entire pharmacy team** understands the benefits of buprenorphine.
- Patients report having **more positive**, **less stigmatizing experiences** when **all staff** make them **feel welcome.**

Williams AR, et al. Acute care, prescription opioid use, and overdose following discontinuation of long-term buprenorphine treatment for opioid use disorder. *American Journal of Psychiatry.* 2020;177(2):117-124.

Talking with staff

- **Talk with your staff** about the individual and community-wide **benefits of buprenorphine**
- Share **why you personally support** filling buprenorphine prescriptions for patients with OUD
- Discuss how a **positive, friendly experience** at the pharmacy can **encourage** people with OUD to **continue with treatment**

Carpenter, D., Mashburn, P., Viracola, C., Marley, G., & Ostrach, B. (2023). A Brief Online Training to Address Pharmacists' Willingness to Dispense Buprenorphine. *Journal of Addiction Medicine*, 10-1097.

Build empathy for patients

Patient Perspective

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Safeguarding patients with OUD

In many cases legislation and other guidance on controlled substance dispensing outlines **verification procedures** for potentially concerning scenarios rather than directing pharmacists not to dispense.

Some pharmacists have expressed concern with filling buprenorphine in the following situations:

- New patient
- Out-of-area or telehealth patient
- New or out-of-area prescriber
- Prescription duration
- Patients asking for the medication by name, imprint, or description
- Monoproduct prescription

NCBOP - STOP Act. http://www.ncbop.org/faqs/pharmacist/faq_stopact.htm

Buprenorphine Prescribers

Building Relationships

- When you have the time, reach out to establish a line of communication with your buprenorphine providers.
- This builds trust between both providers and facilitates collaborative care of patients with OUD.

Communication templates for pharmacists

Phone script for contacting a prescriber:

"Hello, I"m calling from ______ Pharmacy. Is Dr. ______ available? I'm hoping to verify a prescription for buprenorphine we just received. ...
I don't think we've filled for your office before. We'd like to connect whenever the provider has time so we can be sure to meet your patients' medication needs. If they could call us when they have time, that would be great. Thank you!"

<When the prescriber or their staff call back --

- Introduce yourself and what pharmacy you work at
- Mention the specific patient and any questions about the script
- If time, let the prescriber know you'll be best able to meet their patients' needs if you have some idea how many patients they are writing bupe scripts for, how often, etc. - let them know you want to work with them to keep the medication in stock>

Fax/email template for contacting a prescriber"

Attn. Dr. ___________
Re: (patient, DOB)
Hello. My name is _______ and I work at ________ Pharmacy. Meeting your patients' medication needs is a priority for us. We'd like to connect soon and talk with you about the number of OUD patients for whom you anticipate routinely prescribing buprenorphine products. It would also help to know what formulations and dosages you'll most often prescribe. This information will help us be in the best position to ensure we can maintain enough medication in stock.

Carpenter, D., Mashburn, P., Viracola, C., Marley, G., & Ostrach, B. (2023). A Brief Online Training to Address Pharmacists' Willingness to Dispense Buprenorphine. *Journal of Addiction Medicine*, 10-1097.

Patient out of usual geographic area served by pharmacy

Review PDMP and document

- Scripts will increase as eligible prescribers increase.
- Many patients must travel outside their local community to fill prescriptions when local pharmacies encounter wholesaler thresholds on buprenorphine ordering.

NCBOP. *Important Notice for North Carolina Dispensers: STOP Act is fully enacted.* 2021. http://www.ncbop.org/PDF/NCDHHSImplementationofCSRSSTOPActJuly2021.pdf
NCBOP. *Guidance to Pharmacists on Implementation of the Strengthen Opioid Misuse Prevention ("STOP") Act.* 2017. http://www.ncbop.org/PDF/GuidanceImplementationSTOPACTJuly2017.pdf

Request early fills

Review PDMP and document

- Patients with OUD commonly express that buprenorphine makes them feel like they can function and have a normal life. Consequently, the thought that they could run out of their medication can result in considerable anxiety and concern about experiencing withdrawal from buprenorphine, which can cause them to seek a refill early so they know that they will have their buprenorphine on hand.
- Patients prescribed buprenorphine may request an early fill when anticipating travel or anticipate difficulty getting to the pharmacy (transportation issues), to avoid experiencing withdrawal due to dispensing delays.

NCBOP. *Important Notice for North Carolina Dispensers: STOP Act is fully enacted.* 2021. http://www.ncbop.org/PDF/NCDHHSImplementationofCSRSSTOPActJuly2021.pdf
NCBOP. *Guidance to Pharmacists on Implementation of the Strengthen Opioid Misuse Prevention ("STOP") Act.* 2017. http://www.ncbop.org/PDF/GuidanceImplementationSTOPACTJuly2017.pdf

Medication requested by name, imprint, or description

Review PDMP and document

- **Patients may request a specific formulation for any of the following reasons:**
  - Insurance may only cover one formulation
  - Patient assistance may only be available for a certain formulation
  - Patient is more familiar and comfortable with a specific product
  - Patient prefers to continue on a medication that they used in the past

NCBOP. *Important Notice for North Carolina Dispensers: STOP Act is fully enacted.* 2021. http://www.ncbop.org/PDF/NCDHHSImplementationofCSRSSTOPActJuly2021.pdf
NCBOP. *Guidance to Pharmacists on Implementation of the Strengthen Opioid Misuse Prevention ("STOP") Act.* 2017. http://www.ncbop.org/PDF/GuidanceImplementationSTOPACTJuly2017.pdf

Prescription duration

*There is **no requirement** for pharmacists to review the PDMP based on **length** of buprenorphine prescription.*

- Evidence-based guidelines recommend OUD treatment with buprenorphine for as long as beneficial. Some clinical guidelines state one year minimum and longer in pregnancy/postpartum.

NCBOP. *Important Notice for North Carolina Dispensers: STOP Act is fully enacted.* 2021. http://www.ncbop.org/PDF/NCDHHSImplementationofCSRSSTOPActJuly2021.pdf
NCBOP. *Guidance to Pharmacists on Implementation of the Strengthen Opioid Misuse Prevention ("STOP") Act.* 2017. http://www.ncbop.org/PDF/GuidanceImplementationSTOPACTJuly2017.pdf

Buprenorphine mono vs combo product

*There is **no requirement** for pharmacists to review the PDMP based on buprenorphine **formulation** prescribed.*

- **Providers may prescribe mono vs. combo product for any of the following reasons:**
  - Prescribers determine the best option for a given patient's circumstances (e.g., allergy/intolerance, insurance limitation, etc.)
  - Insurance may only cover a certain formulation
  - Patient assistance may only be available for a certain formulation

NCBOP. *Important Notice for North Carolina Dispensers: STOP Act is fully enacted.* 2021. http://www.ncbop.org/PDF/NCDHHSImplementationofCSRSSTOPActJuly2021.pdf
NCBOP. *Guidance to Pharmacists on Implementation of the Strengthen Opioid Misuse Prevention ("STOP") Act.* 2017. http://www.ncbop.org/PDF/GuidanceImplementationSTOPACTJuly2017.pdf

Safeguarding

To avoid **gaps** in continuity of care while you initiate a validation process, fill for a specific minimum number of days.

Circumstance	If You Can't Reach Prescriber, Consider Filling For:	Next Steps
Patient brings in **new script** or script from **unknown prescriber** on a Friday	3 days minimum – prevent treatment gap through weekend	•Ask patient to call prescriber on Monday and ask them to contact the pharmacy •Contact prescriber on Monday to verify
New patient brings in **one-week script**, or patient brings in one-week script from unknown prescriber	7 days – prevent a treatment gap until patient's next appointment	•Ask patient to have the prescriber get in touch with the pharmacy at their next appointment •Clarify that pharmacy won't fill again until prescriber contacts pharmacy
Patient **missed** or needed to reschedule an **appointment** with prescriber (e.g., childcare or transportation fell through; work schedule changed, etc.)	Dispense bridge script if prescriber authorizes	•Encourage patient to ask provider to prescribe a few days of extra medication to prevent a treatment gap until rescheduled appointment

Remember: A positive experience with filling can encourage a patient to continue in treatment.

Rural Pharmacist-Provider Partnerships

Communication with providers

100%

of pharmacists interviewed indicated establishing a relationship with providers is important and may affect willingness to dispense

- 7 of 8 mentioned wanting to know the providers; reluctance to dispense without an established relationship
- 5 of 8 preferred to verify/discuss prescriptions directly with providers especially for out-of-area patients, new patients, new providers

> *I would like to have a conversation with [the prescriber]* ***about their plans.*** *Like, if they're just gonna keep [the [patient] on [bup] or if they plan on tapering them off slowly, or what's goin' on 'cause on our side of it, when we get prescriptions, all we see is the prescription, you know. We don't obviously see the patient notes or…* ***know anything about what the doctor's thinking***
>
> *Community pharmacist, 10 years experience*

Major et al (2023). Factors in rural community buprenorphine dispensing. *Exploratory Research in Clinical and Social Pharmacy*, *9*, 100204.

Proactive provider communication with pharmacists

- Call pharmacies to make sure they can accept new patients before sending patient to the pharmacy
- Document useful information for the pharmacy on the script (e.g., reasons for monoproduct rx or out-of-area patient)
- If you're new to the area or newly prescribing bupe, reach out to pharmacies to introduce yourself
- Provide letters of support for pharmacies trying to increase their order sizes

Dedicated dispensing agreements

Information to include:

- Purpose
- Terms (dates agreement will be in effect)
- Roles and responsibilities of the prescriber and the pharmacy
- Termination clause/conditions
- Principal contacts
- Signatures

Ostrach et al (2022). Ensuring Buprenorphine Access in Rural Community Pharmacies to Prevent Overdoses. *JAPhA* ;62(2):588-597

EXAMPLE

MEMORANDUM OF UNDERSTANDING
BETWEEN
HEALTH DEPARTMENT
AND
PHARMACY

WHEREAS, ***Pharmacy*** will provide Buprenorphine/Naloxone for Health Department Medication Assisted Treatment patients free of charge. All prescription costs for Buprenorphine/Naloxone will be paid for by ***Health Department*** on behalf of the patient (while funding is available). This is in an effort to alleviate the financial burden Medication Assisted Treatment has had on the residents of ***X County***.

WHEREAS, this initiative is not indefinite as it is addressing immediate needs created by the Opioid Crisis and funds are limited. This agreement shall be in place for eleven months effective *July 1, 2020* and terminate on *May 31, 2021* or before if allocated funds have been depleted.

This MEMORANDUM OF UNDERSTANDING is hereby made and entered into by and between ***Health Department***, hereinafter referred to as ***HD*** and ***Pharmacy***, hereinafter referred to as ***RX***.

I. PURPOSE:

The purpose of this Memorandum of Understanding (MOU) is to establish a mutually agreeable framework for fulfilling Buprenorphone/Naloxone prescription on behalf of ***HD*** Medication Assisted Treatment patients and getting ***RX*** a timely reimbursement.

II. STATEMENT OF MUTUAL BENEFIT AND INTERESTS:

The parties in this MOU agree that it is in the communities' best interest to support the mission of ***HD*** as both parties work to support *X County* Residents.

III. TERM:

This MOU will be effective from the date the agreement is executed — the effective date of *July 1, 2020* through the tentative completion date of *May 31, 2021*.

Professional societies calling for these partnerships

- American Society of Addiction Medicine (July 2024)
- National Association of Boards of Pharmacies and National Community Pharmacists Association (Sept 2024)

Common calls for partnership include:

- Eliminating red flags for bupe – especially for out-of-area and cash pay patients and monoproduct prescriptions
- Telehealth concerns
- Continued advocacy for scheduling changes

NABP: https://nabp.pharmacy/wp-content/uploads/2024/09/PhARM-OUD-Guidance.pdf
ASAM: https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2024/07/22/the-role-of-pharmacists-in-medications-for-addiction-treatment

Increasing buprenorphine access at rural pharmacies requires multi-level solutions

Policy: clarify wholesaler ordering policies, advocate for de-scheduling, eliminate “red flags” for buprenorphine

Pharmacy: improve communication with prescribers, advocate for increased order sizes, dedicated dispensing agreements, stigma reduction

Prescriber: improve communication with pharmacists; initiate collaborative practice agreements

Patient: identify prescriber-pharmacy pairs with dedicated dispensing

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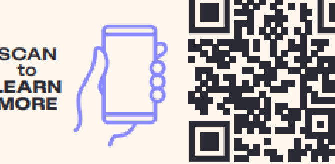
Empowering rural communities with **evidence-based resources** that **support** their efforts in **SUD PREVENTION, TREATMENT, and RECOVERY**

ruralsudinfo.org



RCORP – Rural Center of Excellence on SUD Treatment

Find us at:
www.uvmcora.org

RCORP – Rural Center of Excellence on SUD Prevention

Recovery Center of Excellence

Find us at:
recoverycenterofexcellence.org

RCORP – Rural Center of Excellence on SUD Recovery

Find us at:
www.fletchergroup.org

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Thank you!
Questions?

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