Engaging Community Pharmacy Teams in the Management of Chronic Pain and/or Substance Use Disorder

Today's Presenter

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Program Manager for MI-CCSI’s involvement in the Michigan Overdose Data to Action (MODA) program, content expert, faculty member, and participant in practice transformation initiatives. Dr. Nolan has experience in community, specialty, and ambulatory pharmacy.
OBJECTIVES

At the conclusion of this presentation, the participant will be able to:

- Identify and proactively address potential pharmacy-level barriers to medication access, including opioid therapy and medications for opioid use disorder (MOUD).
- Apply best practices to develop and maintain relationships with community pharmacy teams.
The Opioid Epidemic
National

• Overdose deaths continue to increase
• Illicit fentanyl (+ analogs), methamphetamine, and cocaine
• Compounded by the COVID-19 pandemic

Overdose deaths in preceding 12-month period (national)

95,133 (Feb 2021)
73,344 (Feb 2020)

29.7%

COVID-19 Pandemic
A “Crashing of the Crises”

- Clinic closures
- Reallocation of resources to COVID-19 response
- Social isolation
- Economic insecurity

“Epidemics don’t smolder during pandemics- they ignite.”

Buprenorphine
Brief Overview

• Community provider access
• Multiple dosage forms available
• High-efficacy
  • treatment retention
  • opioid and overdose mortality
  • cravings
  • withdrawal
  • illicit opioid use
  • acute effects of other opioids
• Data for safe use in pregnancy

<table>
<thead>
<tr>
<th>DOSAGE FORM</th>
<th>BRAND NAME</th>
<th>ACTIVE INGREDIENT(s)</th>
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<tbody>
<tr>
<td>Film, buccal</td>
<td>Belbuca®</td>
<td>Buprenorphine</td>
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<tr>
<td>Film, buccal</td>
<td>Generic only</td>
<td>Bup / Naloxone</td>
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<tr>
<td>Film, sublingual</td>
<td>Suboxone®</td>
<td>Bup / Naloxone</td>
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<tr>
<td>Implant, SubQ</td>
<td>Probuphine Implant Kit®</td>
<td>Buprenorphine</td>
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<tr>
<td>Patch, transdermal</td>
<td>Butrans®</td>
<td>Buprenorphine</td>
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<td>Solution, injection</td>
<td>Buprenex®</td>
<td>Buprenorphine</td>
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<tr>
<td>Solution, SubQ PFS</td>
<td>Sublocade®</td>
<td>Buprenorphine</td>
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<td>Tablet, sublingual</td>
<td>Generic only</td>
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<tr>
<td>Tablet, sublingual</td>
<td>Zubsolv®</td>
<td>Bup / Naloxone</td>
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Anecdotes From Practice

Barriers

• **Prescribers**…
  • ...there aren’t enough of them to treat all the patients that need treatment!
  • ...don’t see what I see when the patient comes into the pharmacy.
  • ...don’t give me enough information to know if this is safe for the patient.

• **Pharmacists**…
  • ...refuse to dispense or even stock buprenorphine.
  • ...won’t even tell you if they have it on the shelf.
  • ...are over-stepping their scope of practice.
  • ...don’t understand treatment of addiction.
Efforts to ↑ Buprenorphine Access

Prescriber-Focused

• DATA 2000
• CARA 2016
• SUPPORT Act (2018)
• Updated Practice Guideline (April 28, 2021)
  • Exemption for eligible providers from the training and certification requirement
  • 30-patient cap remains

## Patient-Centered Treatment for Substance Use Disorder in Primary Care

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<th>Clinical Module</th>
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<td>Buprenorphine Medical Management: Monitoring the Patient</td>
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<td>5</td>
<td>Challenging Clinical Scenarios in MOUD: Early Refills and Lost or Stolen Medication</td>
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<td>Complex Cases in Buprenorphine Treatment, Part 1</td>
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<td>9</td>
<td>Complex Cases in Buprenorphine Treatment, Part 2</td>
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<td>Pain and Addiction</td>
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<th>Operational Module</th>
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<td>Patient Support for Induction and Maintenance</td>
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<td>Operationalizing Team Meetings, Systematic Case Review, &amp; Documentation</td>
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<td>Supporting the Patient Beyond Buprenorphine</td>
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Pharmacy-Level Barriers

NEJM Perspective Piece

- Supply-side policies → rationing
- Lack of trust
  - Prescribers
  - Buprenorphine
- Stigmatizing attitudes
20% of pharmacies reported that they would not dispense buprenorphine
- Independent > chain
- Southern states > West, Midwest, or Northeast
Product Availability - Texas Statewide Audit

• 34.1% of pharmacies willing and able to dispense
  • 1-week supply of generic buprenorphine/naloxone
  • Single unit of naloxone nasal spray
Communication Experiences
A Quantitative Study

- Direct communication between prescribers and pharmacists is infrequent
- Proactive communication provides benefits
- Physicians identify the primary role of pharmacists as ensuring the prescription “gets filled”
- Perception that pharmacists do not fully understand “recovery”
- Fear and stigma influence pharmacist behavior
Addressing Pharmacy-Level Barriers

Cases and Strategies
Case 1
Pharmacist Refuses Fill

• Patient scheduled for induction in 7-days
• Prescription sent to pharmacy closest to his house (about 45 min from practice)
• Patient calls your practice later that day and tells you that the pharmacy won’t fill his prescription

What do you do?
Case 1
Option 1

• Contact the pharmacy
• The pharmacist states that they are “already at their wholesaler max”
  • Have a conversation with the pharmacist about clinical rationale for this patient
  • Suggest contacting the wholesaler to address threshold
Case 1
Option 2

• Consider outreach to an alternative pharmacy
• If the patient insured by Medicaid – consider mail order pharmacy option

Case 2
Establishing Relationships

• You have a newly established practice and are planning to prescribe buprenorphine
• You want to build relationships with your local pharmacy

What do you do?
Establishing Relationships
Ideas for Practice

• Reach out!
  • Call
  • Drop in
  • Schedule time
  • Introduce members of your team
  • Describe the services you will provide
  • Explore options for collaboration – buprenorphine and beyond
Establishing Relationships
Roles for Community Pharmacists

- Naloxone access
- MOUD – buprenorphine, naltrexone
- Routine health maintenance - immunizations, screening
- Addressing other aspects of care (e.g., nicotine replacement)
- Patient education
Establishing Relationships
Collaboration Opportunities

• Consider a business agreement that facilitates pharmacist involvement


Case 3
The Request for More Info

• Patient scheduled for buprenorphine induction
• Prescription sent to local pharmacy
• The next day, you receive a note that the pharmacist is requesting a call back “to verify” the prescription

What do you do?
“A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.”

I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

• I will consider the welfare of humanity and relief of suffering my primary concerns.

• I **will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.**

• I will respect and protect all personal and health information entrusted to me.

• I will accept the lifelong obligation to improve my professional knowledge and competence.

• I will hold myself and my colleagues to the highest principles of our profession’s moral, ethical and legal conduct.

• I will embrace and advocate changes that improve patient care.

• I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.”

Case 3

Responding to the Request

• Provider outreach, if possible
• Speak directly with the pharmacist
• Fill in gaps in the information the pharmacist has access to
• Use the opportunity to establish a relationship
Case 3
Avoiding Future Need

• Provide the diagnosis code.
• Include notes about the care plan.
  • Taper in progress.
  • We are aware that the patient filled a prescription for [X] on [X/XX/XXXX] – the patient has been counseled not to take these medications together.
  • Please cancel the previous prescription for [X].
  • Feel free to call with any questions.
  • If a PA is required, please [X].
• Induction in progress. Dose may change.
Thank You

Please email Claire.Nolan@miccsi.org with any questions.