



Substance Use Disorder ECHO

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New Jersey Medical School

Hub Team Introductions



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Speaker Spotlight

- **Clement Chen, PharmD, BCPS** –Dr. Clement Chen graduated from the Ernest Mario School of Pharmacy at Rutgers University in 2013 with his Pharm.D. His current role is as the academic detailer for the Northern NJ Center of Excellence, and a clinical assistant professor at the Rutgers New Jersey Medical School – Dept. of Psychiatry, and is extremely passionate about increasing access to evidence-based treatment for those with substance use disorders.



Clement Chen

Clinical Pharmacist Specialist
Northern NJ MAT Center of Excellence

Our Goal

- Combat the substance use crisis through education on best practices in a safe space for peer-to-peer learning
- Engage healthcare providers in the primary care setting to increase skills to safely and compassionately manage, treat, and support their clients with a substance use disorder
- Recognize the importance of reducing stigma to advance equity and improve access to care for patients with substance use disorders



Feb 3, 2023

The Role of the Pharmacist in Opioid Use Disorder Prevention and Management

Presented by:

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Northern NJ MAT Center of Excellence

Rutgers New Jersey Medical School – Dept. of Psychiatry

Financial Disclosures

- The following sessions leader(s) have no relevant Financial relationships with ineligible companies to disclose:
 - Clement Chen, PharmD, BCPS

Learning Objectives

- Identify the current access to buprenorphine and naloxone nasal spray in community pharmacies in New Jersey (NJ)
- State the barriers to access to medications for opioid use disorder in community pharmacies
- Recognize the role of the pharmacist in supporting a harm reduction and collaborative approach to opioid use disorder

Poll Questions

- On a scale of 1–5, how important do I feel is the role of pharmacists in opioid use disorder?
- My patients report, more than occasionally, difficulty filling their buprenorphine at the pharmacy
 - True/False
- My practice is located in which of the following settings?
 - Urban/Suburban/Rural
- What is a common barrier that your patients share when trying to obtain their buprenorphine prescriptions?

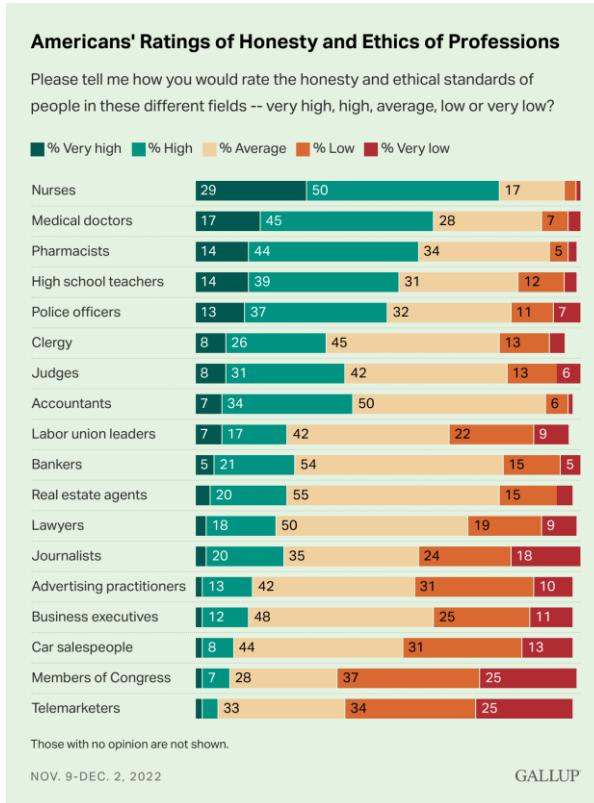
Rationale for Using Drugs

- “A **hurt** is at the center of all addictive behaviors... the wound may not be as deep and the ache not as excruciating, and it may even be entirely hidden – but it’s there... adverse experiences directly shape both the psychology and the neurobiology of addiction in the brain.”
- “Not why the addiction but why the **pain.**”

- Dr. Gabor Maté



Trust in Pharmacists



- Pharmacists consistently ranked high from year-to-year as a trusted professional
 - 48.1% within 1 mile
 - 73.1% within 2 miles
 - 88.9% within 5 miles
 - 96.5% within 10 miles
- Work in a wide range of settings
 - Community
 - Clinical
 - Managed Care

<https://news.gallup.com/poll/467804/nurses-retain-top-ethics-rating-below-2020-high.aspx>

Berenbrok LA, et al. *J Am Pharm Assoc* (2003). 2022 Nov-Dec;62(6):1816-22.e2.

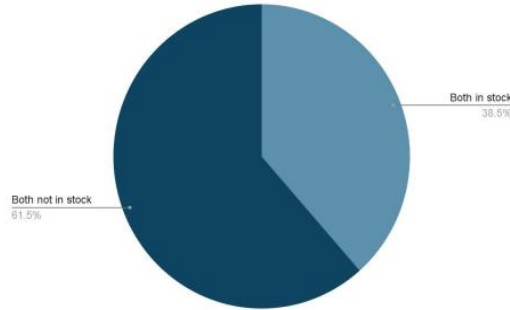
NJ Community Pharmacy Audit

- Telephone Audit conducted May 2020 – April 2021
- *540 randomly selected pharmacies in NJ*
- Data part of study including 11 other U.S. states
- Primary Outcome: Availability of both a 7-day supply (#14) of buprenorphine/naloxone films and naloxone nasal spray
- Secondary Outcome: Availability of each medication individually

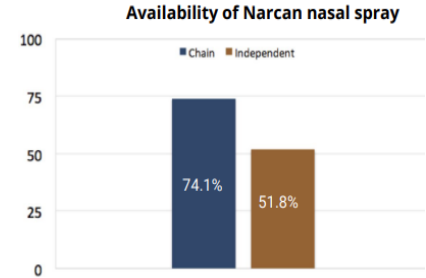
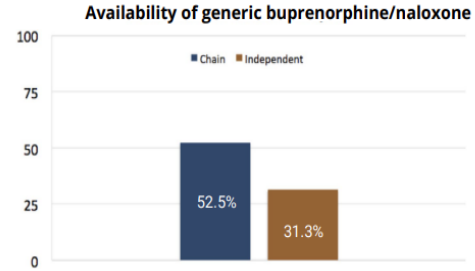


Results

Only **38.5%** of pharmacies had BOTH buprenorphine/naloxone films and Narcan available for prompt dispensing

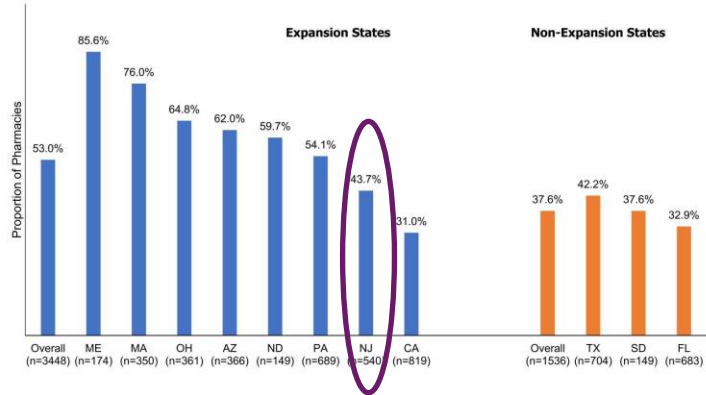


Availability of each medication separately was greater for chain vs. independent pharmacies

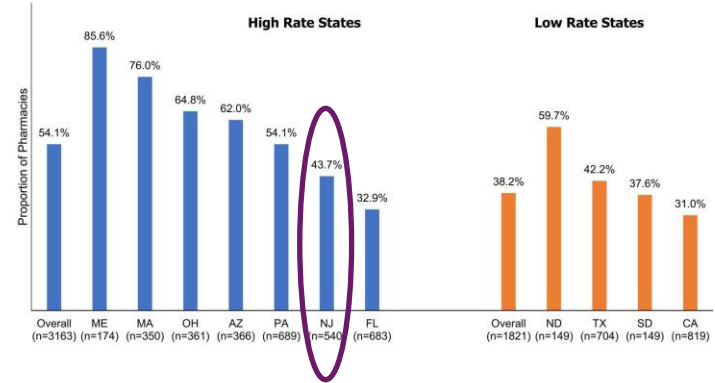


Additional Findings

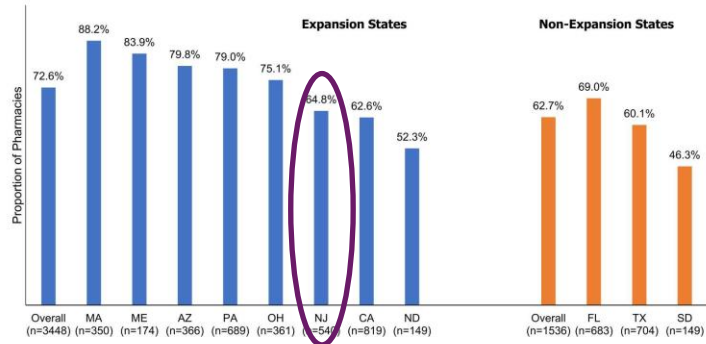
A. BUP/NX availability by Medicaid expansion status



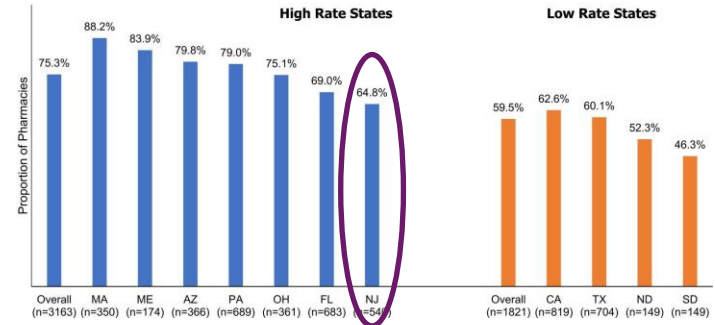
C. BUP/NX availability by drug overdose death rate



B. NNS availability by Medicaid expansion status



D. NNS availability by drug overdose death rate



Additional Findings

Table 2. Multilevel logistic regression results on the predictors of medication availability.

Predictor variable, aOR (95 % CI)	BUP/NX			Willing to order
	+ NNS	BUP/NX	NNS	
Chain vs. independent	2.36 (2.06– 2.71)	2.20 (1.93– 2.52)	3.80 (3.32– 4.35)	3.79 (3.18– 4.53)
Metropolitan vs. non- metropolitan	0.90 (0.73–1.11)	0.79 (0.64– 0.98)	1.05 (0.84– 1.30)	0.83 (0.59–1.17)
Expansion vs. non- expansion	1.90 (1.01– 3.60)	2.19 (0.97–4.93)	1.51 (1.01– 2.27)	1.19 (0.59–2.42)
High vs. low overdose rate	1.64 (0.91–2.97)	1.44 (0.68–3.07)	1.83 (1.25– 2.69)	0.62 (0.32– 1.22)

Case Vignette (Common Scenario)

- Dx: Opioid Use Disorder after ED visit
- Lives far from OTP and other community providers do not provide MOUD
- Moved to different location
- Referred to a buprenorphine provider who completed a PA
- Provided 1-week Rx but could not be filled at local pharmacy
 - New patient
 - Provider not known to pharmacist
 - Wants to maintain existing buprenorphine for existing patients



Aftermath

- Meets with a dealer in the pharmacy parking lot to obtain fentanyl and subsequently injects it in his vehicle
- Pharmacist sees the patient unconscious; calls 911 and **administers naloxone that she always carries**
- How could this situation be avoided?



Federal and State Barriers

- **Federal:** Compliance with the Controlled Substance Act
 - Corresponding responsibility
 - Penalties for pharmacists who ignore potential issues with diversion (questionable Rx)
 - Requirement of suppliers to monitor the Suspicious Orders Report System (“caps”)
- **State:** Prescription drug monitoring program review for red flags

Consequences

- Delayed or suspended shipments for buprenorphine
- Buprenorphine not stocked
- Buprenorphine prescriptions declined or not filled



Proposed Solutions

Goal	Action
Eliminate regulatory dispensing barriers to buprenorphine access at community pharmacies	Pass legislation exempting buprenorphine from the CSA
Protect pharmacists from DEA liability and litigation for diversion	Limit pharmacy DEA audits and litigations with buprenorphine
	Exempt buprenorphine from federally mandated distributor monitoring or report buprenorphine separately
	Exempt buprenorphine from corresponding responsibility federal regulations for controlled substances
Ensure the availability of buprenorphine in pharmacies	Pass legislation requiring pharmacies to stock at least 1 buprenorphine product
	Require wholesalers to fulfill and promptly ship pharmacy orders for buprenorphine
Prevent pharmacist from declining legitimate buprenorphine Rx's	Pass legislation requiring pharmacies to fill all valid buprenorphine Rx's for OUD
	Developing corresponding responsibility requirements and red flag guidelines specific for OUD
Expand home delivery of buprenorphine	Remove in-person dispensing requirements and home-delivery restrictions for buprenorphine

Pharmacist Insights' from Camden County

Role as patient educators

- Misuse, including overdose, naloxone distribution
- Overcoming stigma when engaging in difficult conversations
 - Change discussion from focusing on addiction risk to risk of accidental overdose
- Screening

Increase collaboration between pharmacists and prescribers

- Coordination of appropriate care



Pharmacist Insights' from Camden County

Co-prescribing naloxone

- NJ requirement mandating the co-prescribing of naloxone for those on high doses of opioids (90 MMEs) or with benzodiazepines
 - OUD?
- Focus on additional education

Gaps in coverage

- Cost of naloxone
 - Now free with pilot program
- MOUD
 - No prior auth for generic forms of MOUD, including injectable buprenorphine and naloxone



Patient Education

- Counseling on opioid risks
- Naloxone distribution
- Education on opioid storage and disposal
- Utilization of prescription drug monitoring program
- Opioid deprescribing
- Providing resources for addiction treatment

Patient Education

- Purpose of MOUD
 - Outcome: **Prevention of overdose (new focus)**
 - Chronic disease medication management just like other diseases
- Medication induction
 - Precipitated withdrawal (PW) truths and myths
 - Overcoming the “fear” of PW

Patient Education – Normalization

- “Accidental” anaphylactic reaction
 - Epinephrine pens
- “Accidental” severe hypoglycemia
 - Glucagon nasal spray/injection
- “Accidental” bronchospasm
 - Albuterol inhalers



“Accidental” overdose → Naloxone

Screening Opportunity for Pharmacists

- Evaluate the utility of an opioid screening tool for pharmacists to employ for all patients prescribed opioids and risk for OUD
- 26% of individuals (n=107) identified with some risk of misuse
- 30% at risk for **accidental overdose**

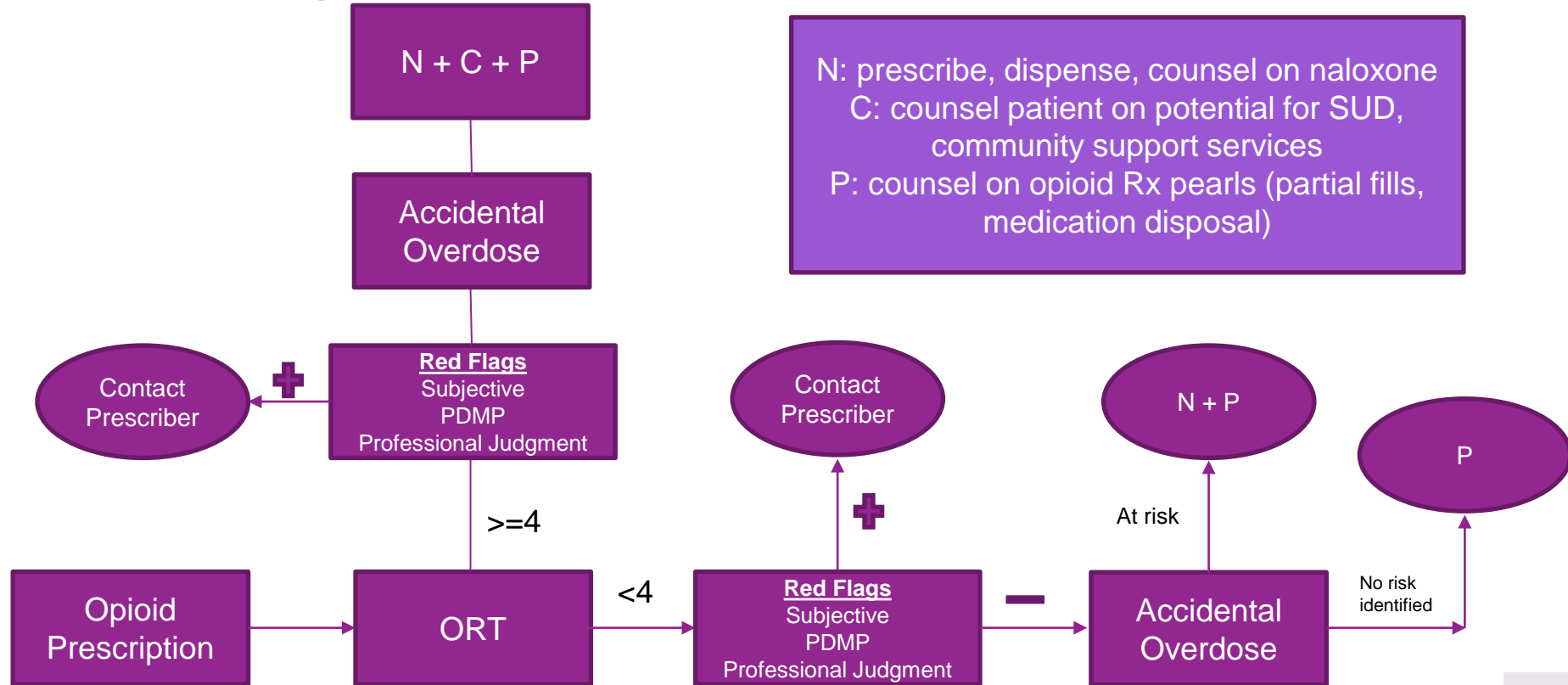
Upstream approach – more proactive vs. defensive

Opioid Risk Tool

	Female		Male
Family history of substance abuse			
Alcohol	1		3
Illegal drugs	2		3
Prescription medications	4		4
Personal history of substance abuse			
Alcohol	3		3
Illegal drugs	4		4
Prescription medications	5		5
Age between 16 - 45 years	1		1
History of preadolescent sexual abuse	3		0
Psychological disease			
Attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar, schizophrenia	2		2
Depression	1		1
Scoring total			

Appendix II
Opioid Risk Tool
Low Risk 0-3
Moderate Risk 4-7
High Risk >7

Screening Opportunity for Pharmacists



N: prescribe, dispense, counsel on naloxone
 C: counsel patient on potential for SUD, community support services
 P: counsel on opioid Rx pearls (partial fills, medication disposal)

Collaborative Care Model – Harm Reduction Program with Pharmacists



Harm reduction programs and interventions implemented by managed care pharmacists in CareOregon

- Liaison with provider networks
- Understand member needs

MEDS Ed program

- Support for harm reduction and MOUD
- Initiatives to increase buprenorphine Rx
- Increase access to naloxone

Collaborative Care Model – Harm Reduction Program with Pharmacists

- Results (3rd quarter of 2017 – 1st Q of 2022):
 - Greater knowledge of harm reduction
 - General principles
 - Impact on diseases/infection/overdose risk
 - Ability to reverse an overdose
 - # of naloxone prescriptions increased by 346% (**507 → 1768**)
 - # of prescribers prescribing buprenorphine increased by 331% (**170 → 563**)



Collaborative Care Model

- Physician–pharmacist collaborative practice model
- Drug therapy management model
 - Intake assessments and follow–up assessments by the pharmacist
- N = 12 patients completed full intakes with 135 follow–up appointments – cost–savings of \$22k
- 91% attendance rate, 100% 6–month treatment retention, 73% 1–year retention
- 127 (98%) of urine drug screens positive for buprenorphine
- 144 (88%) also negative for opioids

General Collaboration

- Help prescribers with adherence to treatment plan
- Providers must communicate with pharmacists (and vice versa) so their (pharmacist) expertise can be maximized
 - Change patient perspectives of the community pharmacist

Pilot Program to Distribute Opioid Antidotes Anonymously

Pilot Program To Distribute Opioid Antidotes Anonymously To Individuals

Dear Pharmacy/Pharmacist,

The New Jersey Board of Pharmacy ("Board") has approved a pilot program, pursuant to N.J.S.A. 45:14-48(b)(10), that allows pharmacies that have obtained standing orders from the Commissioner of Health or a New Jersey licensed physician to dispense opioid antidotes, at no cost, to recipients anonymously. In contrast to the previously approved pilot programs which authorized dispensing of opioid antidotes for only a few days, this program will permit consumers to obtain free naloxone at any time.

Pharmacies that wish to participate in the Pilot Program must agree to comply with the terms and conditions set forth in the [Naloxone Pilot Program Agreement](#) (pharmacies must complete the Agreement document and submit it to the Board as instructed in order to be considered a valid Pilot Program participant). Participating pharmacies will order naloxone from their regular wholesaler/distributors, and may obtain reimbursement by billing through the NJFC/Medicaid system using special codes. This program is limited to individual patients; entities such as first responders or agencies have access through a different program. Recordkeeping requirements are included in the Pilot Program Agreement, and information on billing may also be found in the [Medicaid Newsletter](#) (see Vol. 33, no. 1).

Sincerely,

Anthony Rubinaccio, RPh
Executive Director
New Jersey Board of Pharmacy

- Naloxone dispensing free of charge
- Opportunity to educate on opioid overdose prevention
- Opportunity to destigmatize the use of naloxone
- Public awareness

Pilot Program Flyer for Pharmacies



NALOXONE SAVES LIVES

Naloxone can reverse opioid overdoses

GET IT HERE



Free



No prescription
needed



No name or reason
required



Age 14 and older



Limit one two-dose
kit per visit

For Addiction Help 24/7
Call 1-844-REACHNJ

Interactive Question

- What are your experiences (if any) thus far of obtaining naloxone at the pharmacy?
 - Naloxone 365 program
 - Past programs

Implications of the X-Waiver Removal for Pharmacists

- Greater prescriptions for buprenorphine

The screenshot shows the SAMHSA website header with the U.S. Department of Health & Human Services logo and the SAMHSA logo (Substance Abuse and Mental Health Services Administration). Navigation links include Home, Site Map, and Contact Us. A search bar is present with the text 'Search SAMHSA.gov' and a 'Search' button. A dark navigation bar contains links for Find Treatment, Practitioner Training, Public Messages, Grants, Data, Programs, Newsroom, About Us, and Publications. Below this, a breadcrumb trail reads: Home > Programs > Medications for Substance Use Disorders > Removal of DATA Waiver Requirement. Social media icons for Facebook, Twitter, Email, and Print are visible. The main content area features a sidebar with links: Medications for Substance Use Disorders, Removal of DATA Waiver Requirement (highlighted), Medications, Counseling, and Related Conditions, Find Treatment, Provider Support Services, Pharmacist Verification of Buprenorphine Providers, Become an Accredited and Certified Opioid Treatment Program (OTP), OTP Resources and Information, and State Opioid Treatment Authority. The main article title is 'Removal of DATA Waiver (X-Waiver) Requirement'. The text states: 'Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). With this provision, and effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications). All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law and SAMHSA encourages them to do so. SAMHSA and DEA are actively working on implementation of a separate provision of the Omnibus related to training requirements for DEA registration that becomes effective in June 2023. Please continue to check this webpage for further updates and guidance.' Below the text is a section for the '275 Annual Report' stating that 275 Annual Reports are no longer required or being accepted, and it was last updated on 01/25/2023.

[https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement#:~:text=Section%201262%20of%20the%20Consolidated,opioid%20use%20disorder%20\(OUD\).](https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement#:~:text=Section%201262%20of%20the%20Consolidated,opioid%20use%20disorder%20(OUD).)

Implications of the X-Waiver Removal for Pharmacists

- Greater prescriptions for buprenorphine

“DEA fully supports this significant policy reform. In this moment, when the United States is suffering tens of thousands of opioid-related drug poisoning deaths every year, **the DEA’s top priority is doing everything in our power to save lives.** Medication for opioid use disorder helps those who are fighting to overcome opioid use disorder by sustaining recovery and preventing overdoses. At DEA, our goal is simple: **we want medication for opioid use disorder to be readily and safely available to anyone in the country who needs it.** The elimination of the X-Waiver will increase access to buprenorphine for those in need.”

Patient Case

- Patient is a 67 yo female that was referred to our clinic after hospitalization for a fall, also found to have OUD.
- Hip pain (+) and was prescribed pain medication (oxycodone) which was stopped abruptly by her primary care physician
 - Chronic pain

Patient Case

- Patient is a 67 yo female that was referred to our clinic after hospitalization for a fall, also found to have OUD.
- Hip pain (+) and was prescribed pain medication (oxycodone) which was stopped abruptly by her primary care physician
 - Chronic pain
- Now on buprenorphine maintenance; adherent; no illicit opioids (occasional slip)

Patient Case

- Past Medical History
 - HIV
 - Chronic Hepatitis C
 - COPD
 - Hypertension
 - Alcohol Use Disorder – drinks due to “boredom” – taking acamprosate
 - Tobacco Use Disorder

Patient Case

- For opioid use disorder,
 - Buprenorphine/naloxone 8/2mg FOUR times a day
 - Has previously had issues with prior authorizations
 - Now with additional PA issues as patient now has Medicare
- What are some pharmacy barriers in this case you can foresee?

Patient Case – Actual Pharmacy Barrier Concerns

- Unable to fill the prescription in several instances due to
 - Out of stock
 - Pharmacies refusing to service “new” patients as they report frequently running out
 - Not re-stocked for a few days → lead to illicit drug use for the patient?
 - Work volume
 - Dose “too high”
- Patient then becomes frustrated/agitated causing havoc, leading to the pharmacist becoming reluctant to service the patient

Final Thoughts

Summary – Pharmacist Concerns

- Lack of training
- Lack of time
- Reimbursement
- Lack of support from management
- Lack of shared health information
 - Multiple pharmacies utilized

Summary – What can Help with Maximizing the Role of Pharmacists?

- More training to identify appropriate patients
 - Protocols
 - Prescription drug monitoring program
 - Communication guides
 - Education of new pharmacists
- Support from management
 - Volume vs. quality
- Utilization of interns/staff

Conclusions

- Pharmacists play a crucial and trusted role in curbing the overdose epidemic in the U.S.
 - Gatekeeper to receiving actual medications
- Advocating for continued changes in federal and state regulations is key beyond the X-waiver
- An interdisciplinary and collaborative approach to opioid use care is warranted to address access issues in pharmacies and ensure all professionals practice to the top of their licenses to improve outcomes

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