Opioid Use Disorder (OUD)- Pharmacist's Role

David Butterfield, PharmD, BCPS, BCPP

Clinical Pharmacy Specialist, Outpatient Psychiatry, Eskenazi Health

Learning Objectives

- Understand the different roles of a pharmacist
- Evaluate ways pharmacists can positively impact the treatment of Opioid Use Disorder
- Understand the impact of Clinical Pharmacy Services in patient care

Different Roles of A Pharmacist

- Retail Setting (CVS, Walgreens, Independent Chains, etc.)
- Hospital Setting (Central Distribution, Clinical)
- Outpatient Clinical (CVRR, Psychiatry, Oncology, HIV/ID, etc.)
- Academia
- Research/Industry

Pharmacist's Role in OUD

- Collaborate with prescriber
- Assess for misuse potential
- Naloxone access
- Medication counseling
- Utilize SBIRT- Screening, Brief Intervention, Referral to Treatment
- Clinical pharmacy services

Opioid Use Disorders: Interventions for Community Pharmacists. (2019). Retrieved April 2, 2020, from https://cpnp.org/guideline/opioid

Collaborate with Prescriber

- Perform pill counts
- Review prescription drug monitoring program
- Enforce policy of no early refills
- Hold patient accountable to treatment agreement
- Stay in direct communication
  - Voice Concerns
  - Drug Interactions

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Misuse Potential- Red Flags

- Use of many pharmacies and doctors
- Obtain prescription from provider outside of their scope of practice
- Prescriptions with high dosages/quantities
- Pays in cash/will not use insurance coverage
- Demands certain brands of medication
- Requests early refills frequently
- Fills only controlled substance despite having other prescriptions

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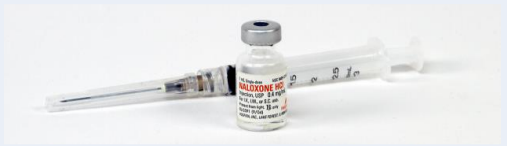
Naloxone Access

- Considered for all patients exposed to opioids
  - Pain, misuse, risk of accidental exposure, family members
- Overdose risk factors:
  - Benzos and alcohol, opioid addiction/SUD, comorbid mental illness, recent incarceration, etc.
- Naloxone for home use can be intramuscular or intranasal

Naloxone Access: A Practical Guideline for Pharmacists. (2019). Retrieved April 2, 2020, from https://cpnp.org/guideline/naloxone

Naloxone Formulations

Type	Contents	Instructions	Image
Intranasal	Two 2 mg/2 ml nasal sprays	One spray into each nostril upon signs of opioid overdose. Call 911. May repeat x 1.	
Intramuscular	Two naloxone 0.4 mg/ml vials Two IM syringes	Inject 1 ml IM upon signs of opioid overdose. Call 911. May repeat x 1.	

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Naloxone Storage

- Store in an easily accessible place in the original package at room temperature
- Avoid light exposure
- The shelf life is typically 12 to 18 months
  - If stored correctly naloxone should be effective up until BUD date on packaging
- Do not insert naloxone into prefilled syringe until ready to use
  - Once inserted it expires within 2 weeks
- Monitor expiration and replace when expired
  - If no other alternatives exist at the time, administer expired naloxone

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Supporting Laws and Regulations

- Good Samaritan: protects individuals who call for help at the scene of an overdose from being arrested for drug possession
- Liability protection/third party administration: protects the prescriber, pharmacist, and the bystander who may be administering naloxone. It also allows bystander to be prescribed naloxone for use on opioid overdose victims.
- Collaborative Practice Agreement/Standing Order: allows pharmacists to dispense naloxone to at-risk individuals without a traditional prescription. Recent study found that states with this law saw significant decrease in opioid related mortality.

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Buprenorphine Considerations

- Ensure appropriate quantity available
- Assist with issues that could delay dispensing
  - Conversions, dosage formulations, manufacturer coupons, vouchers, and savings program
- Induction process requires frequent refills
  - Adherence checks
  - Wellness checks
  - Supervised dosing

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Counseling Points for Buprenorphine

- Sublingual tablet should be kept under tongue until completely dissolved
  - Buprenorphine is not well absorbed orally
  - Swallowing will result in reduction of dose/effect
- Buprenorphine/naloxone should not be initiated until patient is in mild withdrawal
- Risk of respiratory depression when used in combination (benzos, alcohol, etc.)

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Counseling Points for Naltrexone

- Wait at least 7 to 10 days after discontinuing opioids to prevent inducing opioid withdrawal
  - May need to wait 14 days with transition from methadone/buprenorphine
- Risk of overdose is increased during waiting period to initiate naltrexone as patient's opioid tolerance may be reduced
- Risk of overdose if using opioids while taking naltrexone
- Wallet card for patient's on naltrexone

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Wallet Card- Long-Acting Naltrexone

Important Information For Emergency Pain Management

I am currently taking VIVITROL® (naltrexone for extended-release injectable suspension), an opioid antagonist. Please see the back of this card for important information about pain management.

My Name: _____

Emergency contact name: _____

Emergency contact number: _____

My doctor: _____

My doctor's phone number: _____

 VIV-001315 Printed in U.S.A.

Call 1-888-235-8008

For Prescribing Information and Medication Guide, please visit vivitrolsafety.com

Vivitrol®

(naltrexone for extended-release injectable suspension)

To Medical Personnel Treating Me In An Emergency

- **The patient is taking VIVITROL, an opioid inhibitor.**
- Suggestions for pain management include regional analgesia or use of non-opioid analgesics.
- If opioid therapy is required, it should be administered by healthcare providers specifically trained in the use of anesthetic drugs and management of respiratory effects of potent opioids, specifically the establishment and maintenance of a patent airway and assisted ventilation.
- The patient should be monitored closely in a setting equipped and staffed for cardiopulmonary resuscitation.

Date of last injection: _/_/_ _/_/_ _/_/_ _/_/_ _/_/_ _/_/_ _/_/_

Call 1-888-235-8008

For Prescribing Information and Medication Guide, please visit vivitrolsafety.com

Vivitrol®

(naltrexone for extended-release injectable suspension)

Emergency Pain Management Card. Available at: https://www.vivitrol.com/content/pdfs/emergency-pain-management-card.pdf

SBIRT

- Screening, Brief Intervention, Referral to Treatment
- Pharmacist- highly accessible healthcare provider
  - Patient encounters 1.5-10 times more than PCP
  - Opportunity for intervention
- Resource list
  - Identification of buprenorphine prescribers
  - Local substance use treatment referral programs
  - Screening tools
  - PCP, self-help groups, employee assistance programs

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SBIRT- Helpful Resources

1. SAMHSA behaviors health treatment services locator (which includes substance use disorder treatment): National Helpline 1-800-662-HELP (4357), https://findtreatment.samhsa.gov/
2. SAMHSA buprenorphine treatment physician locator: http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator/
3. SAMHSA opioid treatment program directory: http://dpt2.samhsa.gov/treatment/directory.aspx
4. National Institute on Drug Abuse http://www.nida.nih.gov
5. Risk assessment tools http://www.opioidrisk.com/node/774
6. VIGIL helps pharmacists screen controlled substances https://www.pharmacist.com/vigil-helps-pharmacists-screen-controlled-substances
7. A pharmacist's corresponding responsibilities and red flags of diversion http://deachronicles.quarles.com/2013/08/a-pharmacists-obligation-corresponding-responsibility-and-red-flags-of-diversion/; http://www.deadiversion.usdoj.gov/pubs/brochures/pharmguide.htm
8. ER/LA opioid analgesics REMS: The extended-release and long-acting opioid analgesics risk evaluation and mitigation strategy http://www.er-la-opioidrems.com/lwgUI/rems/home.action

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Clinical Pharmacy Services

- Pilot Study- provide clinical pharmacy services in Adult Addictions Clinic at Eskenazi Health
  - Medication reconciliation
  - Patient and family education
  - New medication education to staff
  - Secure funding for medications
  - Drug information questions
  - Adherence Counseling
  - Collaborative practice agreement
    - Up-titration of medications
    - Co-morbid psychiatric medications

Business Plan

- Clinical Measures- validated tool that assigns dollar value to pharmacist interventions
  - 62 patient interventions made in 10 days- annualized cost savings ~$200,000
    - Inhaler causing thrush
    - Long acting inhaler prn instead maintenance
    - Patient drinking orange juice when blood sugars high- 2 DKA admissions in one year
    - Metabolic lab monitoring
- Minimize number of medication fees waived
  - Annualized ~$14,000
- Decrease medication errors
  - 1 error caught in 10 clinic days
  - Average med error-~$2,000 with annualized savings ~$57,000

Summary

- Pharmacists can play a large part in the Opioid Epidemic
  - Work as a physician extender
  - Assess/encourage patient adherence
  - Counsel on medications
  - Expand naloxone access
  - Screen, Intervene, and Refer to Treatment
  - Clinical Pharmacy Services in Adult Addiction Clinics

Regulatory Update 2021

- January 14, 2021- United States Department of Health and Human Services (HHS) eliminates X-Waiver Requirement for DEA-Registered Physicians
  - CDC reports overdose deaths have increased by 21% since the previous 12 months
- DATA 2000 was passed in order to improve access to treatment for opioid use disorder
  - Office of the Assistant Secretary for Health in HHS has determined that DATA 2000 has become a barrier to prescribing buprenorphine
- The Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder issues an exemption from certain certification requirements under 21 U.S.C. § 823(g)(2) of the Controlled Substances Act (CSA) for physicians licensed under State law and who possess a DEA registration

US Department of Health and Human Services. 2021. Retrieved January 19th, 2021 from https://www.hhs.gov/about/news/2021/01/14/hhs-expands-access-to-treatment-for-opioid-use-disorder.html

Exemption Details

1. Physicians licensed in the state with a DEA registration
2. Physicians utilizing the exemption will be limited to treating no more than 30 patients with buprenorphine for opioid use disorder at any one time
   - 30 patient cap dose not apply to hospital based physicians
3. Only applies to prescription drugs or formulations covered under the X-waiver, buprenorphine, does not apply to methadone
4. Physicians utilizing this exemption shall place an “X” on the prescription clearly identifying the prescription is being used for opioid use disorder
5. A working group will be established to monitor the implementation and results of these practice guidelines, as well as impact on diversion

US Department of Health and Human Services. 2021. Retrieved January 19th, 2021 from https://www.hhs.gov/about/news/2021/01/14/hhs-expands-access-to-treatment-for-opioid-use-disorder.html