Expanded Buprenorphine Treatment Services Through a Community Pharmacist Integrated Treatment Model
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BACKGROUND
- In the United States unintentional deaths from opioid overdoses have risen to epidemic proportions.
- Buprenorphine prescribed for opioid use disorder (OUD) can be dispensed in a community pharmacy setting. Therefore community pharmacists dispensing medications for OUD are in a good position to provide additional monitoring and treatment services.
- ASAM and SAMHSA recommended treatment services include: observed dosing when indicated, Urine Drug Screening (UDS), Prescription Drug Monitoring Program reviews (PDMP), frequent visits until stable, smoking cessation services, naloxone, access to clean syringes, alcohol use disorder and mental health treatment access.2, 3
- The Centre for Addiction and Mental Health of Ontario’s Buprenorphine for Opioid Dependence Clinical Practice Guideline recommends physicians collaborating with a pharmacist to offer many of said services.4
- A model of integrating a pharmacist into buprenorphine patient care has the potential to expand monitoring and add support for the medical team.4

PURPOSE
To describe a pharmacy model offering buprenorphine monitoring and treatment services utilization over a 12 month period. To provide the legal foundation allowing said services and to discuss the billable and non-billable aspects.

SETTING
Community Behavioral Health Services (CBHS) Pharmacy is an outpatient county specialty pharmacy. The pharmacy is integrated with the Office Based Induction Clinic (OBIC), which specializes in the management of OUD. The pharmacy provides buprenorphine to approximately 130 patients per month. The census evolves as new induction patients enroll while stabilized patients graduate to non-specialty community pharmacies. The pharmacy is open 5 days a week from 9:00 AM to 4:30 PM and schedules 1.5 fulltime staff pharmacists, and 1.5 fulltime technicians dedicated to buprenorphine services.

RESULTS

Types of Issues Identified & Pharmacist Recommendations

<table>
<thead>
<tr>
<th>Issues Identified</th>
<th>Recommended Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversions</td>
<td>Contingency Management</td>
</tr>
<tr>
<td>Significant drug-drug interaction</td>
<td>Urine drug screens</td>
</tr>
<tr>
<td>Relapse</td>
<td>Observed dosing, dosage consolidation</td>
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<tr>
<td>Need for social services/insurance/case worker</td>
<td>Initiation of psychiatric medications</td>
</tr>
<tr>
<td>Need for mental health services/medications</td>
<td>Initiation of alcohol use disorder medications</td>
</tr>
<tr>
<td>Poor medication adherence</td>
<td>Cessation/tapering of benzodiazepines</td>
</tr>
<tr>
<td></td>
<td>Referral to higher level of care</td>
</tr>
</tbody>
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BUPRENORPHINE SPECIALTY SERVICES
Treatment Services
- Smoking Cessation Counseling
- Observed Mental Health & Alcohol Use Disorder Medications
- Frequent Pick-ups
- Case Conferencing
- Clean Syringes

Buprenorphine Patient Pick-Up Schedule in 11/2017
- Daily: 8%
- Monthly, 28%
- Bimonthly, 16%
- Weekly, 29%
- QOD, 3%
- Biweekly, 15%
- N=147

Monitoring Services
- Urine Drug Screen (UDS)
- PDMP Reviews
- CNS Monitoring
- Breathalyzer

DISCUSSION/CONCLUSION
Community pharmacists are health care providers who see patients frequently. With regular patient contact, pharmacists have an opportunity to collaborate with the medical team and provide monitoring and treatment services for substance use disorder patients. Data collected over a 12 month period revealed that 70% of dispensed buprenorphine prescriptions included a specialty service. Patient specific issues were identified through patient interview/observational, medical chart review, UDS/breathalyzer screenings, PDMP review and were communicated to prescribers. Some limitations that could limit applicability in other settings include lack of access to medical charts, pharmacist level of training, lack of privacy/observed dosing area, inability to access providers, inability to bill for clinical services. Future efforts should examine whether pharmacist recommendations were clinically appropriate, consistently communicated and if they resulted in a change to the patient outcomes.

REFERENCES


LEGAL REFERENCES

1. Background for Pharmacy Practice: Opioid Use Disorder, BUPRNORPHINE MEDICATION ASSISTANCE PROGRAMS THROUGH A PHARMACY NETWORK, and Opioid Use Disorder: Benzodiazepine and Buprenorphine, 2018

RESULTS, continued

Average Utilization Per Month
- 19 naloxone furnished with community reversal training/opioid safety education
- 30 clean injection kits
- 247 specialty services (UDS, breathalyzer, observed dose)
- 36 prescriptions for NRT furnished and 118 minutes of behavioral counseling
- 120 PDMP reviews

Services Billable by Pharmacy

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Billable Services</th>
<th>Non-Billable Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine</td>
<td>Rx fee</td>
<td>Observed dosing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urine drug screen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breathalyzer</td>
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<tr>
<td></td>
<td></td>
<td>PDMP/medical chart review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case conferencing</td>
</tr>
<tr>
<td>NRT</td>
<td>Rx fee</td>
<td>Behavioral counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rx Furnishing</td>
</tr>
<tr>
<td>Naloxone</td>
<td>Rx fee</td>
<td>Antidote</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rx Furnishing</td>
</tr>
<tr>
<td>Clean Syringes</td>
<td>Syringe fee</td>
<td>Injection kit supplies</td>
</tr>
</tbody>
</table>

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