Reducing Barriers to Lifesaving Treatment:



Topline Findings from ASAM's Pharmacy Access Survey

Introduction

In 2020, an estimated 9.5 million people in the United States misused opioids (representing 3.4% of the population aged 12 or older), including 9.3 million people who misused pain relievers, and 902,000 who used heroin.



9.5 million people in the United States misused opioids in 2020

Further, the 2020 National Survey of Drug Use and Health (NSDUH) found that **2.7 million** persons in America over age 12 met DSM-5 criteria for opioid use disorder (OUD). Buprenorphine is an evidence-based treatment for OUD. As a partial opioid agonist, buprenorphine's pharmacological properties help to diminish the effects of physical dependency to opioids (e.g., withdrawal symptoms) including:







Decreased cravings Increased safety in cases of overdose A lower potential for opioid misuse.

The treatment of OUD with buprenorphine is tightly regulated.



The Drug Addiction Treatment Act of 2000 (DATA 2000) established a process allowing only specially qualified practitioners to obtain waivers to prescribe buprenorphine outside of opioid treatment programs (OTPs).



To expand access to buprenorphine for OUD treatment, practitioner eligibility to obtain a DATA waiver was subsequently extended to nurse practitioners and physician assistants under the Comprehensive Addiction and Recovery Act (CARA) and the Substance Use Disorder Prevention Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act.



Further, in April 2021, the U.S. Department of Health and Human Services (HHS) issued guidelines exempting 30 patient waiver practitioners from certain federal requirements, such as those related to training, counseling, and other ancillary services.

Pharmacy Access Survey: Methodology and Responses

This survey was commissioned by ASAM's Practice Management and Regulatory Affairs Committee (PMRAC).

Active from **February 3**, An overwhelming majority of responses were received in 2022. 2020 – September 20, **2022**, the survey: Responses were informed by self-reports of prescribers with increasing difficulties filling their prescriptions at pharmacies. INCLUDED FROM Respondents were allowed to leave individual questions 191 unanswered. As a result, response volumes vary from question to question. RESPONDENTS **STATES**

Key Takeaways from the Survey

The most common pharmacy obstacles reported by prescribers were:

45% Pharmacy or pharmacist declined to fill the prescription for buprenorphine.

41% Pharmacy was unable to fill the prescription for buprenorphine due to an inadequate stock of the prescribed medication.

According to prescribers, the most common reasons pharmacies/pharmacists declined to dispense buprenorphine were:

16%

Concern that the prescription was clinically inappropriate.

25%

Corporate policy limiting or prohibiting dispensing of medication.

14%

Believing that the DEA has a cap on the quantity of buprenorphine that can be dispensed.

The most common reason pharmacies/pharmacists were unable to dispense buprenorphine due to inadequate stock:



41% Supplier shortage of medications.

25% The pharmacy's wholesale supplier has limited the arr limited the amount of the medication that the pharmacy may order or stock.

Key Takeaways from the Survey, cont.



of respondents reported that their patients had to get their buprenorphine prescriptions filled at a different pharmacy.

60%

of respondents said patients had to **wait more than 24 hours** to receive their buprenorphine prescription.

- This includes almost a quarter of respondents who said their patients had to wait 24-48 hours.
- And more than a quarter who reported delays of more than 48 hours for their buprenorphine RX.

96% of reports involved large, national retail chain pharmacies

7% report that **this is not the first time** they have dealt with pharmacies or pharmacists being unable or unwilling to fill buprenorphine prescriptions



Krawczyk, N., Rivera, B. D., Jent, V., Keyes, K. M., Jones, C. M., & Cerdá, M. (2022). Has the treatment gap for opioid use disorder narrowed in the U.S.? A yearly assessment from 2010 to 2019. International Journal of Drug Policy, 103786. https://doi.org/10.1016/j.drugpo.2022.103786

Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

ASAM. (2020). The ASAM National Practice Guideline For the Treatment of Opioid Use Disorder: 2020 Focused Update. Journal of Addiction Medicine, 14(2S), 1–91. https://doi.org/10.1097/adm.0000000000000033

SAMHSA. (2022). Buprenorphine. Substance Abuse and Mental Health Service Administration (SAMHSA). https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine

U.S. Department of Health and Human Services. (2021). HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder. HHS.gov. <u>https://www.hhs.gov/about/news/2021/04/27/hhs-releases-new-buprenorphine-practice-guidelines-expanding-access-to-treatment-for-opioid-use-disorder.html</u>