



Department of
**Mental Health &
Substance Abuse Services**

Pharmacist's Role in SUD Care

Wesley Geminn, PharmD, BCPP

About the Presenter

- Wesley Geminn, PharmD, BCPP
Chief Pharmacist / State Opioid Treatment Authority

Completed PGY1 Residency in 2012, Started employment at TDMHSAS as a Clinical/Informatics Pharmacist

Transitioned into current role in 2015 and joined the TN Chronic Pain Guideline Committee

Currently serve on several State and National Committees dedicated to the prevention and treatment of mental health and substance use disorders

**Not an attorney – Does not give legal advice

Previous Pharmacist Interactions

- Audience Involvement
- Raise your hand for the following:
 - Mainly positive interactions with pharmacists
 - Mix of positive and negative interactions with pharmacists
 - Mainly negative interactions with pharmacists



Pharmacist Practice Settings

Pharmacist Practice Settings



- Retail Setting (large chains and independents)
- Hospital Setting (clinical or distribution)
- Outpatient Clinical (HIV, oncology, mental health)
- Academia
- Research/Industry

Retail Setting

- Review prescriptions for safety and appropriateness
- Required to ensure controlled substance medications are for a legitimate medical purpose and are not diverted
- Can provide a wide variety of healthcare services, from immunizations, harm-reduction supplies, naloxone, etc.



- Not having access to patient records can hinder ability to fully evaluate prescription appropriateness

Retail Setting

- DEA Pharmacist's Manual (*Updated 2022*)
 - To be valid, a prescription for a controlled substance must be issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice. The practitioner is responsible for the proper prescribing and dispensing of controlled substances, but a corresponding responsibility rests with the pharmacist who fills the prescription
 - The CSA does not permit a prescribing practitioner, however, to delegate to an agent or any other person the practitioner's authority to issue a prescription for a controlled substance. A practitioner acting in the usual course of his or her professional practice must determine that there is a legitimate medical purpose for a controlled substance prescription; an agent may not make this determination.

Retail Setting

DEA's Commitment to Expanding Access to Medication-Assisted Treatment (*March 23, 2022*)

- “Medication-assisted treatment helps those who are fighting to overcome substance use disorder by sustaining recovery and preventing overdoses. At DEA, our goal is simple: we want medication-assisted treatment to be readily and safely available to anyone in the country who needs it.”
- Beginning in March 2022, practitioners working in hospitals, clinics, and emergency rooms will be able to request an exception allowing them to dispense a three-day supply of medication-assisted treatments, including buprenorphine and methadone, to treat patients experiencing acute opioid withdrawal symptoms.
- DEA, in partnership with the Department of Health and Human Services, is engaging in regular outreach with pharmacists and practitioners to express support for the use of medication-assisted treatment for those suffering from substance use disorder.

Retail Setting



"I thought I was doing what was righteous for people who have illness," Njoku said.

Although two judges separately ruled in Njoku's favor, the DEA's actions effectively shuttered his business.

Lawyers, pharmacists, harm-reduction advocates and a former DEA employee say Njoku's case is emblematic of the DEA's aggressive stance on buprenorphine. An opioid itself, the medication can be misused, so the DEA works to limit its diversion to the streets. But many say the agency's policies are exacerbating the opioid epidemic by scaring pharmacies away from dispensing this medication when it's desperately needed.

Retail Setting

- Who caps buprenorphine ordering by a pharmacy?



DEA



Wholesalers

Issues with Pharmacies?



Prescriber and Pharmacist Relationship

“Buprenorphine physician–pharmacist collaboration in the management of patients with opioid use disorder”

- NIH-supported Pilot study in *Addiction*
 - Found physician-pharmacist collaboration may increase adherence to opioid addiction treatment
- Investigators studied the transfer of care of 71 participants using buprenorphine maintenance therapy for OUD from waived physicians to trained community pharmacists
 - Nearly 89% of participants remained in study and 95.3% adhered to daily medication regimen
 - Proportion of opioid-positive urine drug screens was less than 5% at 6 months
 - Participants, physicians, and pharmacists reported high rates of satisfaction with the program

Wu, L-T *et al.* Buprenorphine physician–pharmacist collaboration in the management of patients with opioid use disorder: Results from a multi-site study of the National Drug Abuse Treatment Clinical Trials Network(link is external). *Addiction*. January 11, 2021.

Prescriber and Pharmacist Relationship

- Build relationships with clinicians and prescribers at local clinics
 - Lock-in patients to your pharmacy
 - Notify clinics if you notice patient attempting to fill early on a regular basis
- CSMD checks to assess compliance with treatment
- Although buprenorphine with naloxone is an abuse deterrent formulation, it can still be misused and should be dispensed with equal due diligence as the formulation with buprenorphine alone
- Try to keep the medication in stock. Patients going without medication will likely cause withdrawal and possible relapse. Only having one pharmacy in an area stocking this medication may cause them to hit wholesaler purchase limits.
- Communicate and collaborate when there are red flags!

Prescriber and Pharmacist Relationship

- Potential red flags for pain medication but not necessarily for MAT

Examples	Pain Medicine Red Flag	Buprenorphine Red Flag
Patients travel in groups on the same day and have the same doctor	YES	NO Ex: group therapy day
DEA certification previously suspended or revoked	Possibly	Often No Ex: provider in recovery
Patients with needle marks/history of untruthfulness	YES	NO Ex: patient just started treatment
Prescriber writing prescriptions outside their primary specialty	Possibly	NO Ex: OB/GYN for pregnant patients
Paying in cash for RX	YES	NO Ex: Some MAT with onerous PA's

Hospital Settings

- Clinical vs. Dispensing Roles



Hospital Settings

- Dispensing Role
 - Ensuring MOUD and naloxone are available, especially in emergency room settings
 - Ensure ability to report to CSMD when dispensing MOUD (e.g. prescriber has DEA exception to provide all 3 days of MOUD while arranging for treatment)
 - Can help prepare naloxone kits for dispensing to patients at discharge
 - Medication reconciliation for MOUD on admission and discharge

Dr. Glaucomflecken

- https://www.youtube.com/shorts/5j_wjlfJ65U

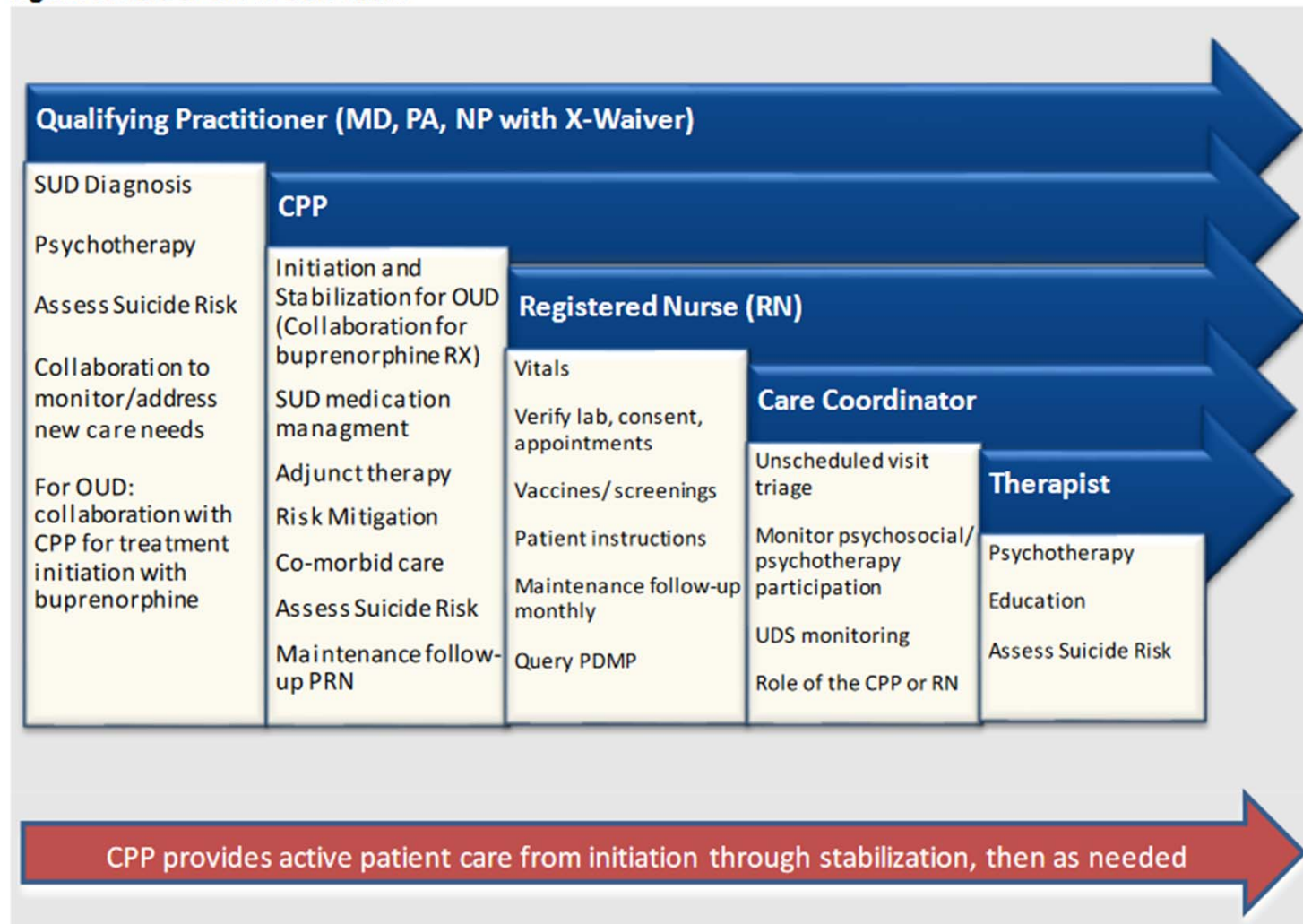
Hospital Settings

- Clinical Role (Hospital or Outpatient)
 - Can be a DEA-registered practitioner with a Collaborative Pharmacy Practice Agreement to act as an additional prescriber on the healthcare team.
 - Perform Screening, Brief Intervention, and Referral to Treatment (SBIRT), motivational interviewing, provide medical education, medication reconciliation
 - Conduct assessments, order labs and diagnostic tests
 - Can order any necessary medications post-diagnosis, except for buprenorphine or methadone in an outpatient setting (for now...)

Hospital Settings

- Clinical Role

Figure 3: Role of CPP in SUD Team



Academia

- Responsible for training new practitioners in classroom and experiential experiences
- Also trains practicing clinicians by publishing research and offering continuing education
- Most faculty positions require some amount of grant-funded research and/or peer-reviewed publication requirements

Commission on Pain and Addiction Medicine Education

Competencies Report

Tennessee Department of Health | TN Together | July 2018



Commission on Pain and Addiction Medicine Education

The Governor (Haslam) charged the Commission with the development of competencies for current and future curricula so that future prescribers receive instruction and training regarding, at a minimum:

- Effective treatment for acute and chronic pain, including alternatives to opioids to manage pain;
- The potential risks and effects of using opioids to treat pain, including physical dependency and addiction, and effective discontinuation of opioids;
- Proper identification of and treatment for patients demonstrating misuse or abuse of opioids; and
- Utilization of the Controlled Substance Monitoring Database

Commission on Pain and Addiction Medicine Education

The Commission developed the following 12 competencies

- Epidemiology and Population Level
- Pain Evaluation
- Pharmacologic and Non-pharmacologic Treatment of Pain
- Practical Aspects of Prescribing and Communication
- Conflict Prevention and Resolution
- Chronic Pain Plans
- Acute Pain Care for Chronic Pain Patients
- Interoffice and Interprofessional Focus
- Substance Use Disorder Risk Evaluation
- Development of a Treatment Plan for the Patient with Substance Use Disorder
- Management of Overdose Risk
- Professional and Legal Standards

Published Article: *U.S. student pharmacist perceptions of the pharmacist's role in methadone for opioid use disorder: A qualitative study*

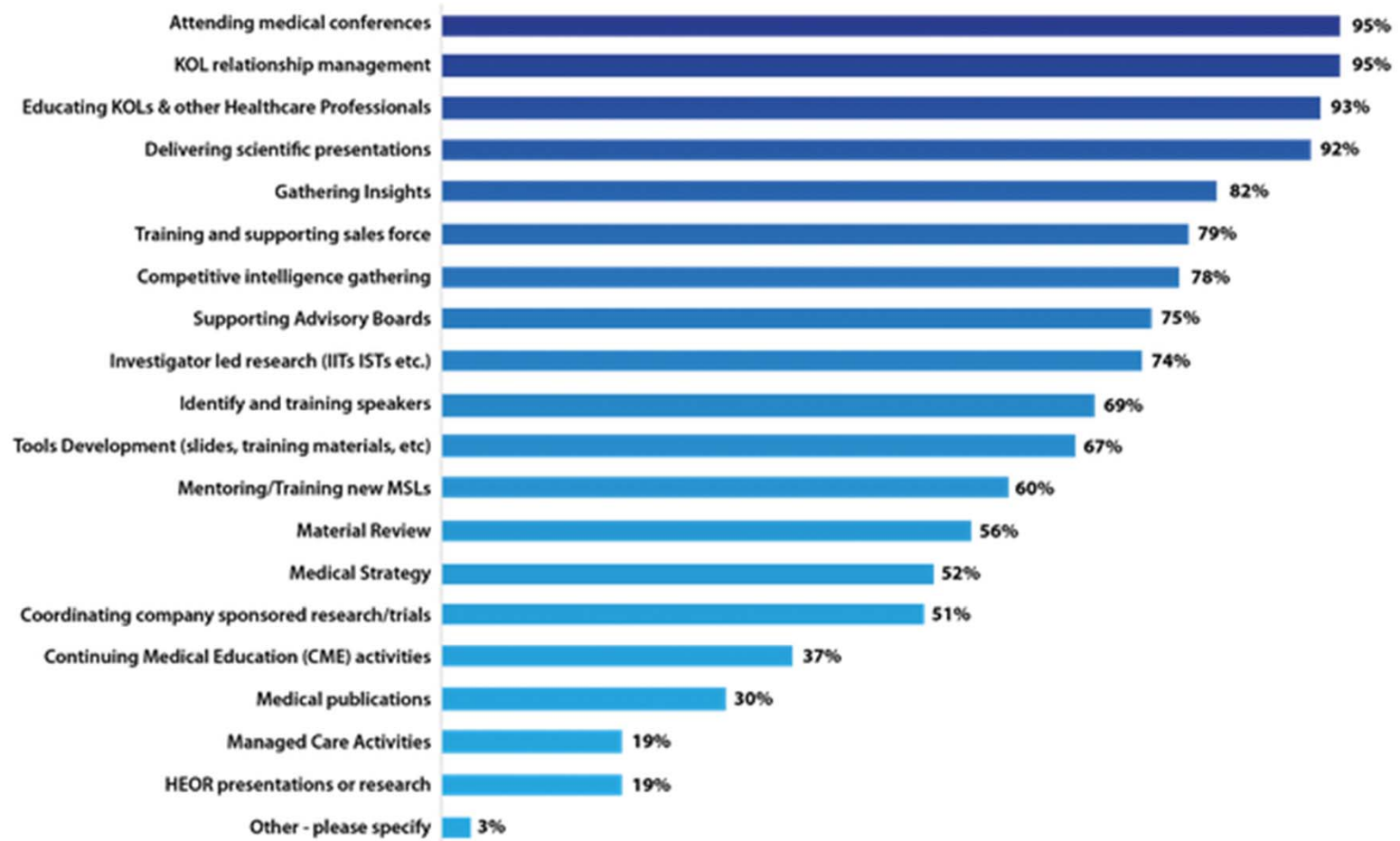
- **Objective:** To explore U.S. pharmacy students' perspectives on pharmacists as providers of methadone-based medications for opioid use disorder treatment.
- **Results:** (1) student pharmacists desire exposure to therapeutic knowledge and lived experiences related to opioid use disorder and methadone treatment, (2) students perceive stigmatizing views held by practicing pharmacists toward opioid use disorder and methadone treatment, (3) pharmacists should play a role in methadone treatment.
- **Conclusion:** Student pharmacists desire an active and larger role in the care of patients managing opioid use disorder. Findings indicate these students perceive less stigma toward opioid use disorder than currently practicing pharmacists. Pharmacy curricula should emphasize stories of lived experiences of patients with opioid use disorder, therapeutic knowledge and guidelines related to medications for opioid use disorder, and the regulatory environment surrounding opioid use disorder treatment.

Research / Industry

- Researching development of new medications and alternative indications for existing medications
- Conducting clinical research for contract research companies or conducting clinical studies
- Medical affairs / Medical Science Liaisons provide in-depth education on disease states, medications, and resources beyond what account reps (i.e. sales) are permitted.

Research / Industry

- Medical Affairs / Medical Science Liaison – “The science between the product”



MSL Society, 2018 - MSL Hiring Practices Survey - Global Results
N=730



Pharmacy Challenges

Workplace Conditions



Tennessee Pharmacists Association

★ For Patients ★ For Pharmacists ★ For Tennessee

JOIN US! ➔

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NEWS

GET INVOLVED

CE & EVENTS

Workplace Conditions Push Pharmacists and Pharmacy Technicians to the Brink

Nashville, TN (December 20, 2021) – Overwhelmed pharmacists and pharmacy technicians have loudly expressed concerns about busy pharmacy practice settings in Tennessee and across the country. This cry for help is evidenced by a pharmacy walkout today in many community pharmacy practice settings.

The Tennessee Pharmacists Association (TPA) unwaveringly supports our members and the work of pharmacy teams, as they seek overdue action to improve eroding workplace conditions. We have heard our members' concerns, and we reassure you of our commitment to helping you. Our profession rightfully demands action to keep themselves and their patients safe, while not compromising public welfare by abandoning patients who rely on them. Serving patients and ensuring patient safety are core to the profession of pharmacy.

Workplace Conditions

Businessweek
Business

Pharmacy Workers Are the Pandemic's Invisible Victims

Relentless pressure, extra tasks, and depleted ranks lead to widespread burnout.



Pharmacist Jennifer Morrow quit her job at a CVS store over what she saw as a dangerous workload. *Photographer: Heather Ainsworth for Bloomberg Businessweek*

By Angelica Peebles

January 26, 2022 at 5:00 AM CST

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▶ 7:21

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Jennifer Morrow says she first considered quitting her job as a pharmacist at a CVS drugstore near Binghamton, N.Y., last October after she was assigned to fill in at a store she'd rarely worked in. When she arrived, she discovered she'd be the only pharmacist on the job all day—with no technician or cashier to help, either. The

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Workplace Conditions

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May 3, 2022 · 3 min read



Unsafe Pharmacy Conditions Put Patient Safety at Risk and Spark "Great Resignation" Among Pharmacy Technicians

PR Newswire

HOUSTON, May 3, 2022

New survey shows that a significant percentage of pharmacy technicians are leaving their roles due to poor working conditions that are creating concerns for patient safety

HOUSTON, May 3, 2022 /PRNewswire/ -- Under staffing, increased expectations, and new COVID-19 era responsibilities are creating extreme burnout among pharmacy technicians, who are citing concerns about its impact on patient safety, according to a recent survey conducted by the National Pharmacy Technician Association (NPTA).

TN

Workplace Conditions

The New York Times

CVS Fined for Prescription Errors and Poor Staffing at Pharmacies

Regulators faulted four locations in Oklahoma, a rare action that followed complaints at drugstore chains across the country.

By Ellen Gabler

July 16, 2020

In a rare public rebuke of the nation's largest retail pharmacy chain, state regulators in Oklahoma cited and fined CVS for conditions found at four of its pharmacies, including inadequate staffing and errors made in filling prescriptions.

While the fine of \$125,000 on Wednesday was small for CVS Health — it paid its chief executive \$36.5 million in total compensation last year and is the country's fifth-largest company — the move validated concerns raised at multiple drugstore chains across the country by pharmacists and technicians who say understaffed workplaces are putting the public at risk.



Future Directions

Future Directions

- Community Collaborative Pharmacy Practice Agreements for Vivitrol, naloxone, community comfort medications
- If DATA Waiver requirements are removed, prescribing of buprenorphine products post-diagnosis
- Community pharmacy dispensing of methadone
- More pharmacists in executive positions (i.e. C-Suite) for SUD care programs

QUESTIONS?

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www.tn.gov/behavioral-health

