

Colorado Pharmacists and the Opioid Epidemic

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Statement of Disclosure

No relevant financial relationships with commercial interests pertaining to the content presented in this program.

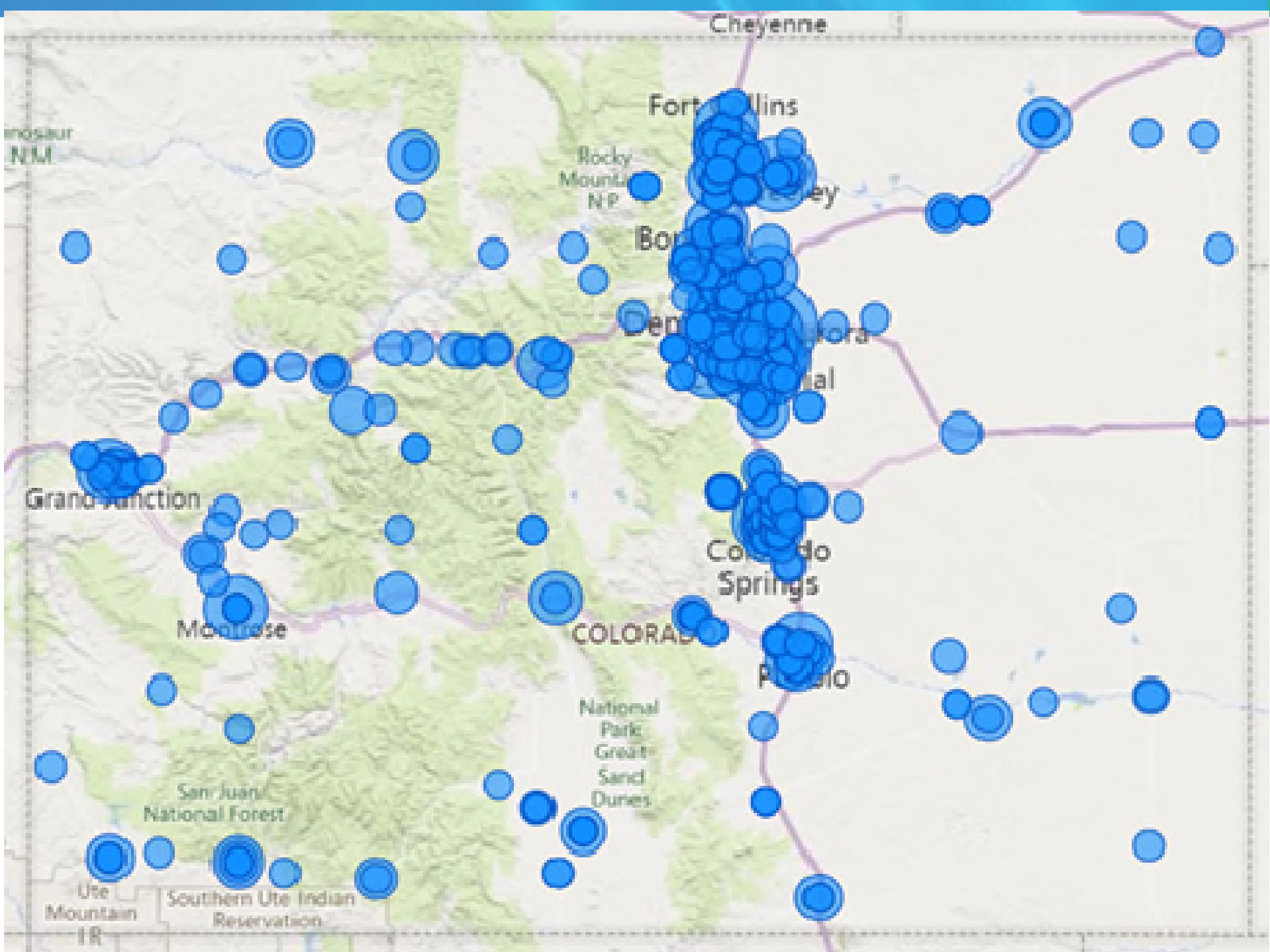


What and where are CO pharmacists?

- Trusted, accessible, highly-trained healthcare professionals
 - Specializing in effective and safe use of medications
 - Underutilized public health care professional
- Statewide
 - In all practice settings
 - Multidisciplinary clinics, health systems/hospitals, community pharmacies
 - In healthcare desserts (rural, frontier, HPSAs)
 - In the communities, trusted relationships, with flexible hours



Pharmacies in Colorado



Current efforts using CO pharmacists in OUD

- Prevention and Treatment
 - Providing access to opioid antagonists (e.g. naloxone) both with standing orders and independent prescriptive authority
 - In multidisciplinary settings - working on opioid tapers, ALTO use, opioid treatment plans, collaborative practice protocols
 - Naltrexone injections (Vivitrol) in pharmacies



Colorado Pharmacist Existing Scope of Practice – An index of terms 😊

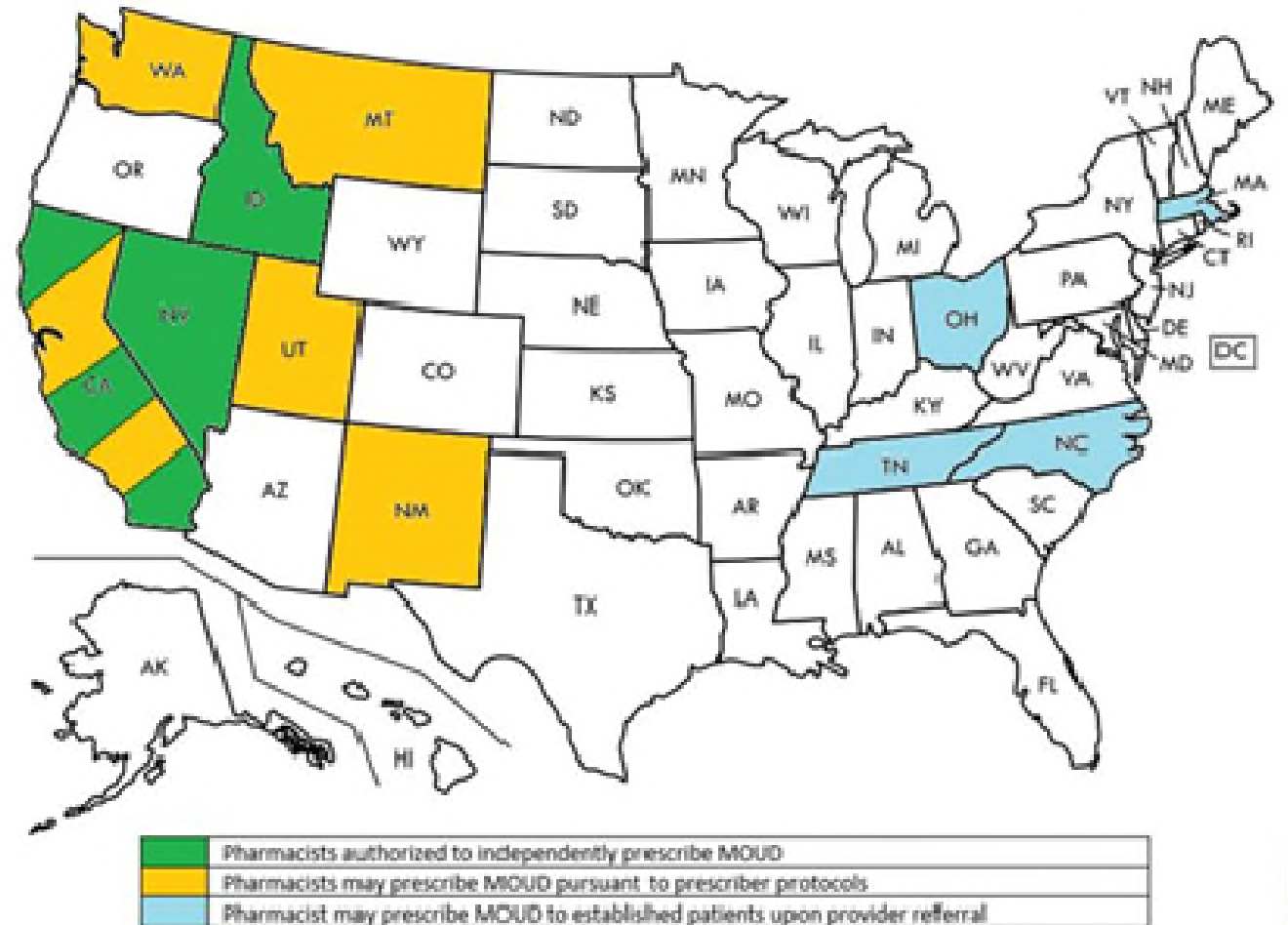
- **Collaborative Practice Agreements** (e.g. traditional protocol-based care also known as Collaborative Drug Therapy Management, or CDTM)
- **Statewide Protocols** (e.g. hormonal contraception, HIV PrEP/PEP, smoking cessation, statin therapy) with independent prescriptive authority
- **Standing Orders** (e.g. naloxone)
- **Independent Prescriptive Authority** (e.g. test and treat, limited conditions, no new diagnosis) – excludes controlled substances
- **Activities “delegated”** by a physician (simplifies collaborative practice)



Other states

- 11 states where pharmacists currently have authority to prescribe MOUD

Pharmacist Prescribing: Medications for Opioid Use Disorder (MOUD)



Nevada legislative effort

- AB 156 - Signed into law 6/15/23
- Expanded various providers ability to treat patients with MOUD
 - “Practice of Pharmacy”: Authorized pharmacists to assess for appropriateness of MAT and prescribe MOUD pursuant to a Board of Pharmacy protocol (rulemaking in progress with target effective date 2024)
 - Medicaid and commercial plans must cover medications and clinical services associated with pharmacist-prescribed MOUD at rates equal to other providers



Landscape and Recent Changes

- Widespread shortage of healthcare providers to help with medications for opioid use disorder (MOUD)
- Colorado MAT Expansion Project (SB17-074)
- Federal removal of the X-waiver requirement
- Paucity of reimbursement/funding to stand up MOUD services in a sustainable manner
- Over-the-counter naloxone approved



MATpharm study

- A new utilization of pharmacists to expand MOUD access
 - In community-based behavioral health pharmacies, pharmacists were trained to evaluate and treat patients interested in induction therapy (and ongoing care) in collaboration with an addiction physician
 - Higher retention rates at 1 month (89% pharmacy-based care vs. 17% in usual care). No safety concerns/differences.
 - Viable model to explore for treatment of OUD in communities



CO Barriers and Considerations

- Lack of clear legal authorization for pharmacists to prescribe MOUD (controlled substances)
- Start Up and Sustainability
 - Needed education/training and financial support for initial start up and continuity of services
 - Lack of sustainable and fair reimbursement mechanisms for professional services
- Need to ensure a comprehensive approach (behavioral health, primary care, etc) to maximize success.
- Need for appropriate patient safety guardrails and best practices



Tangible Opportunities and Food for Thought

- **Support** pharmacists' authorization to prescribe, dispense and administer MOUD via any of the existing scope of practice mechanisms (independent authority, statewide protocols, standing orders, delegation, etc) to provide:
 - Comprehensive MOUD services: Medical withdrawal management, induction therapy, and maintenance therapy
 - Integration with best care practices (behavioral health, recovery services, communication, etc.)
 - Harm reduction strategies (opioid antagonists, syringes, etc)
- **Ensure** sustainable and equitable financial support for all services
 - Funding for start up
 - Parity of Reimbursement: Medicaid, state regulated commercial plans, state employee health plan
- **Target** highest need areas first (rural, frontier, underserved)
- Provide expanded access to free naloxone through bulk fund for select patients/pharmacies.



Thank you!

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