

# Pharmacists' role in addressing the opioid crisis: Best practices for providing long acting naltrexone injections

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## Background

- Opioid use disorder (OUD) is a chronic, often relapsing condition
  - Medication assisted treatment (MAT) is possible, which combines an FDA-approved medication (e.g., buprenorphine, naltrexone) with behavioral counseling
- MAT for OUD increases likelihood of sobriety more than treatment as usual
- Despite federal agencies' calls for increased access, MAT is underused in the U.S.
- Community pharmacists are well-positioned to expand access to OUD treatment
- Wisconsin pharmacists are legally authorized to provide non-vaccination injections
  - Includes injection naltrexone treatment

## Objectives

- Describe sample characteristics (e.g., pharmacists offering service, referral sources)
- Determine models commonly used by pharmacists to offer long acting naltrexone injections
- Identify reasons why pharmacists are not offering long acting naltrexone injections
- Develop a pharmacist provided long acting naltrexone injection best practices checklist

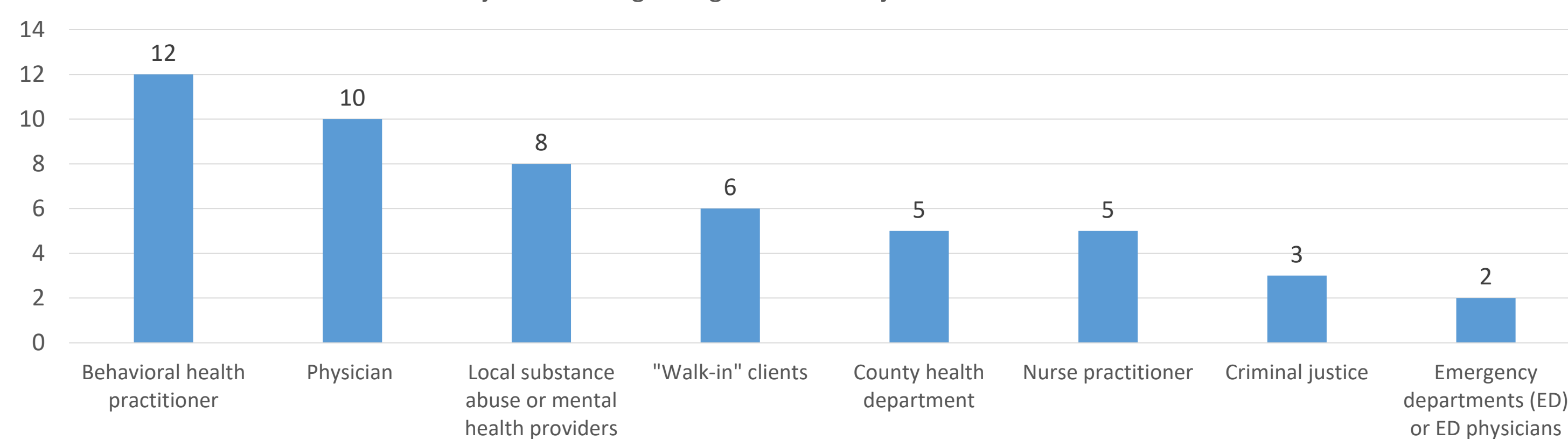
## Methods

- A mixed-methods approach
  - Survey and semi-structured interviews of practicing pharmacists
- Sent an invitation to complete a RedCAP electronic survey to all pharmacies (n=489) operating in 33 counties/tribal nations in Wisconsin
  - Reminder notifications sent 2 and 4 weeks later
- Pharmacists (n=9) completed a 45- to 60-minute semi-structured, audio-recorded interview
  - To identify best practices for providing long acting naltrexone injection treatment
  - Obtained pharmacy forms/documentation related to their long acting naltrexone injection service
- A deductive and iterative content analysis approach
  - Identified/explored process themes determined from the interviews
- A comprehensive literature review
  - Identified pharmacy long acting naltrexone injection models and associated best practices

## Results (Objective 1)

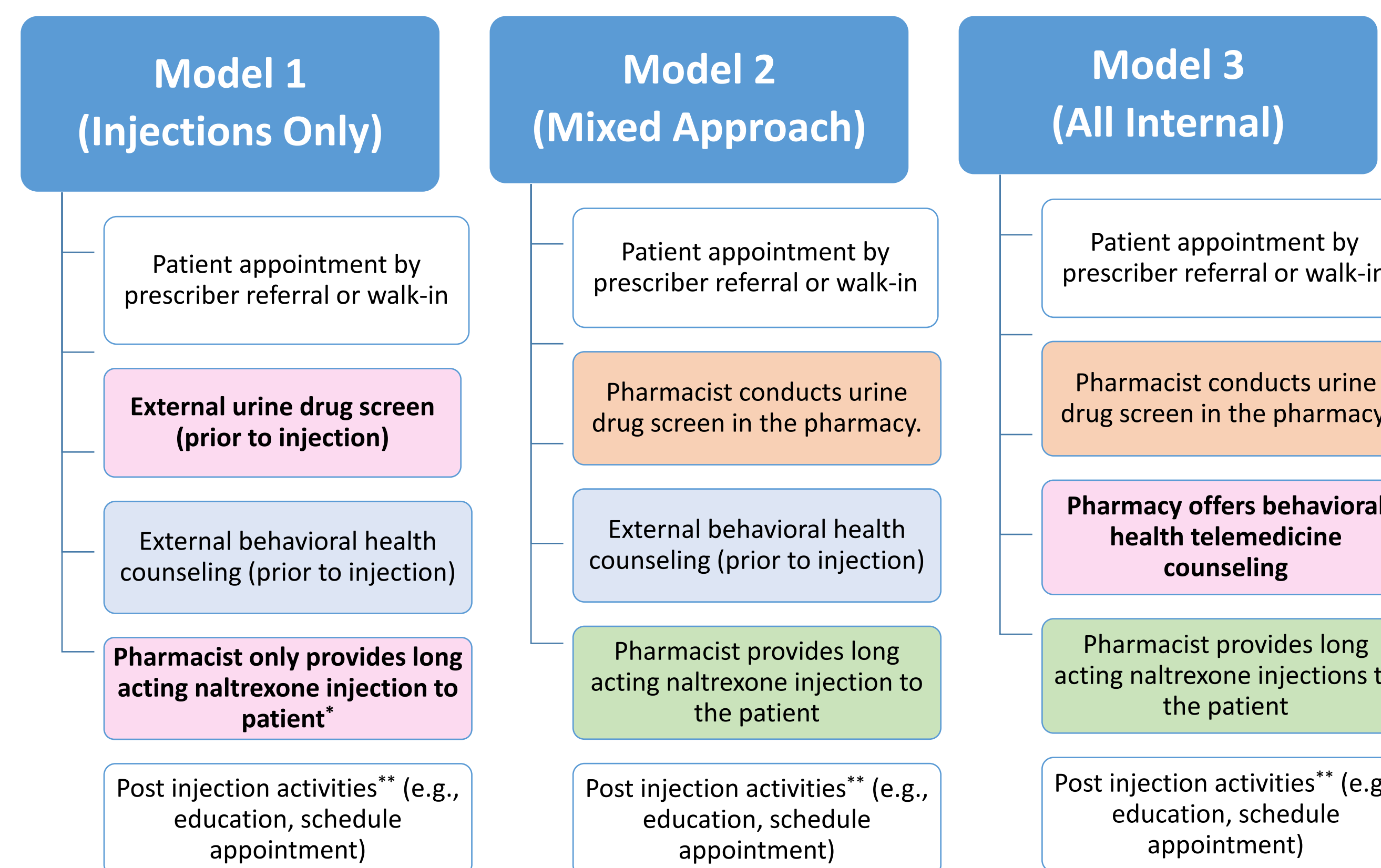
- 68 community pharmacies (14.7%) responded
  - All located in urban areas
- Pharmacy settings:
  - Chain (e.g., Walgreens, CVS) (31)
  - Independent community pharmacy (22)
  - Mass merchandiser (e.g., Shopko, Walmart) (9)
  - Other (e.g., Clinic, pharmacy affiliated with hospital) (6)
- 20 pharmacies (29.4%) reported offering long acting naltrexone injections
  - Such treatment has been provided for up to 27 months
  - Only 12 pharmacies provided injections in past year (~400 injections)
  - Independent community pharmacies provided 90% of injections
  - 33 injections/year or 2-3 injections/month

Objective 1: long acting naltrexone injection Referral Sources



## Results (Objectives 2 to 4)

### Objective 2: Identified Pharmacy long acting naltrexone injection Models



\* Refer to Best Practices after injection for more activities  
\*\* Although identified as an approach, a pharmacy should always conduct a urine drug screen prior to giving a long acting naltrexone injection

### Objective 3: Pharmacist Reasons for not Providing Naltrexone Injections

Category	Specific Reason	N
Process related (n=25)	Unaware of the steps/processes involved	11
	Unaware of state laws permitting this practice	9
	Disruptive to existing pharmacy workflow	5
Staffing or access to prescribers (n=20)	Lack of training for staff on how to provide long acting naltrexone injections	9
	Insufficient number of pharmacy staff	9
	Lack of access to naltrexone prescribing practitioners	2
Financial (n=15)	Absence of a financial business case (e.g., profitability)	5
	Liability concerns with providing long acting naltrexone injections	4
	Associated fixed costs	3
	Insufficient reimbursement (drug administration & testing)	3
Organizational culture (n=14)	Does not conform to mission of the pharmacy	11
	Corporate restrictions	3
Equipment or space (n=11)	No private consultation space is available for injections	7
	Injections done in clinic where pharmacy is located	2
	Lack of equipment for telemedicine	1
	Lack of knowledge about how to use telemedicine	1
Patient related (n=4)	Stigma of providing services to individuals with an OUD	3
	Patient non-adherence to medication regimen	1

### Objective 4: long acting naltrexone injection Best Practices Checklist

#### I. Establishing the injectable naltrexone service

##### Creating the required infrastructure.

- Develop documentation and patient education policies and procedures
- Arrange for patient education materials and resources
- Establish policies and procedures related to clinical testing and injection delivery
- Set aside a private consultation room
- Establish an adverse event plan

##### Establish Lab Protocols

- Conduct a rapid urine drug screen prior to providing the injectable naltrexone
- Obtain a Clinical Laboratory Improvement Amendment waiver
- Establish relationship with external lab
- Establish policies and procedures related to urine drug screening.

##### Educational training to administer injectable Naltrexone

- Train multiple pharmacists including residents on how to provide injectable naltrexone
- Engage and train front-end staff

##### Establishing referral relationships

- Establish community relationships to build reputation
- Develop a one-page prescriber "handout" about pharmacist provided injectable naltrexone

##### Leadership Support

- Create a no-judgment zone.

#### II. Implementation of the injectable naltrexone service

##### Need to change existing workflow

- Scheduled injectable naltrexone appointments.
- Call to remind the patient of their injectable naltrexone appointment.
- Establish procedures for walk-in clients
- Develop a transportation plan

##### Activities BEFORE patient arrives\*

- Benefits investigation (insurance, copays, talking through costs)
- Reminders for pharmacist to prepare for patient arrival
- Reminder calls to the patient to confirm the appointment
- Ensure coordination of resources (e.g., recovery) and coordinate services with behavioral health.

##### Activities ONCE patient arrives\*

- Conduct a medicine reconciliation
- Provide patient consultation
- Obtain consent from the patient
- Conduct a rapid urine drug screen\*\*
- Communicate with the prescriber to confirm medication dispensing
- Behavioral Counseling\*\*
- Prepare the long-acting naltrexone injection
- Address billing processes related to providing the service

##### Activities AFTER injection\*

- Assess the patient for adverse events
- Educate the patient regarding a follow-up plan
- Schedule next appointment
- Complete all paperwork
- Finalize billing procedures (as needed)
- Provide client with drug court paperwork (as necessary)

\* These activities depend on whether it is the first injection or a follow-up appointment

\*\* These activities depend on whether it is the first injection, or a follow-up appointment and the model used in the pharmacy

## Discussion and Next Steps

- Having legal authority to provide non-vaccine injections (e.g., long acting naltrexone injections) is a key initial step for community pharmacies to provide or develop this service.
- Despite this legal authority to offer long acting naltrexone injections, many Wisconsin pharmacists are not offering the long acting naltrexone injection service due to:
  - Lack of awareness of the state laws authorizing them to provide this service.
  - Lack awareness of the process and procedures for providing this service.
- Critical future steps involve expanding the services of pharmacies offering long acting naltrexone injections while establishing additional pharmacy sites that provide this service, requiring:
  - Establishing a broader referral network within the community (e.g., providers, patients, advocacy groups, clinics, health departments).
  - Developing and strengthening internal pharmacy infrastructure (e.g., consultation room, staff education and awareness, access to telehealth services).
- Next steps involve working with pharmacies providing long acting naltrexone injections to evaluate the impact of this services on patient and pharmacy staff outcomes and promote policy to support reimbursement for pharmacist time to provide long-acting naltrexone injections.