

# Buprenorphine Access at TN Pharmacies: 2022 Study Results

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A data-driven policy center to advance **mental health**



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# HOUSEKEEPING

## No conflicts of interest to report

## Presentation includes results from an independent research investigation led by the Behavioral Health Foundation

- SUGGESTED CITATION: Pinsly, E., & Chua, M. (2022). A statewide study to assess access to buprenorphine products at Tennessee pharmacies for patients with opioid use disorder. Behavioral Health Foundation (Nashville, TN).

## Presenter info

- Elliot Pinsly, LCSW, serves as Chief Executive Officer for the Behavioral Health Foundation – a 501(c)(3) nonprofit policy research center based in Nashville, TN
- Elliot is a behavioral health researcher, award-winning advocacy leader, native Nashvillian, and graduate of Tulane University (BA, MSW)

# “GOLD STANDARD”

## Medications for opioid use disorder are the gold standard

- **TENNESSEE OFFICIALS:** *"Conclusive evidence shows that medications are the gold standard of treatment for OUD. Buprenorphine continues to be an important mainstay of recovery for many individuals in Tennessee,"* – TN Dept. of Mental Health and Substance Abuse Services Commissioner Marie Williams and recent TN Dept. of Health Commissioner Lisa Piercey ([TN buprenorphine prescribing guidelines](#))
- **FEDERAL OFFICIALS:** *"The medical evidence is clear: access to medication-assisted treatment, including buprenorphine that can be prescribed in office-based settings, is the gold standard for treating individuals suffering from opioid use disorder,"* – Adm. Brett P. Giroir, MD, assistant secretary for health, U.S. Dept. of Health and Human Services ([HHS press release](#) issued January 14, 2021)
- **MEDICAL JOURNALS:** *"The number needed to treat with buprenorphine to prevent one death in the year after overdose is 52.6 – lower than the number needed to treat for nearly any medication that we have embraced without hesitation."* – Dr. Elizabeth Poorman, MD, MPH ([New England Journal of Medicine](#))

# BUPRENORPHINE AT PHARMACIES

- A 2020 study of 704 pharmacies in Texas found 22% did not stock buprenorphine and were unwilling to order it, with another 36% not having it in stock but willing to order some. *“Most pharmacies in Texas do not appear to be willing and able to dispense prescribed buprenorphine/naloxone films and naloxone nasal spray to patients with opioid use disorder in a timely manner.”* ([Addiction](#))



**ADDICTION** **SSA** SOCIETY FOR THE STUDY OF ADDICTION

Research Report

**Availability of buprenorphine/naloxone films and naloxone nasal spray in community pharmacies in Texas, USA**

Lucas G. Hill , Lindsey J. Loera, Kirk E. Evoy, Mandy L. Renfro, Sorina B. Torrez, Claire M. Zagorski, Joshua C. Perez, Shaun M. Jones, Kelly R. Reveles

First published: 03 November 2020 | <https://doi.org/10.1111/add.15314> | Citations: 33

 Drug and Alcohol Dependence  
Volume 224, 1 July 2021, 108729

**Pharmacy-related buprenorphine access barriers: An audit of pharmacies in counties with a high opioid overdose burden**

Neda J. Kazerooni <sup>a</sup>, Adriane N. Irwin <sup>a</sup>, Ximena A. Levander <sup>b</sup> , Jonah Geddes <sup>a</sup>, Kirbee Johnston <sup>a</sup>, Carly J. Gostanian <sup>a</sup>, Baylee S. Mayfield <sup>a</sup>, Brandon T. Montgomery <sup>a</sup>, Diana C. Graalum <sup>c</sup>, Daniel M. Hartung <sup>a</sup>  



- A 2021 national study of 921 pharmacies found that *“pharmacies in the South were significantly more likely to refuse buprenorphine dispensing (26%) relative to pharmacies in other regions (11-18%).”* ([Drug and Alcohol Dependence](#))

- A 2023 research letter assessing buprenorphine availability at 5,283 pharmacies nationwide found: *“Only 57.9% of pharmacies reported buprenorphine/naloxone in stock at the time of request.”* ([JAMA Network](#))



**Research Letter** | Substance Use and Addiction

May 26, 2023

**Pharmacy Availability of Buprenorphine for Opioid Use Disorder Treatment in the US**

Scott G. Weiner, MD, MPH<sup>1</sup>; Dima M. Qato, PharmD, MPH, PhD<sup>2</sup>; Jeremy Samuel Faust, MD, MS<sup>3</sup>; et al

# METHODS & SAMPLE

## Focus for our 2022 statewide Tennessee study

- To examine the accessibility of buprenorphine products at Tennessee pharmacies

## Secret shopping

- Developed a standardized call script
- Aim was to determine if the pharmacy would be able to fill a new prescription for Suboxone, generic buprenorphine/naloxone films, or tablets (combo product only)

## Sample selection

- Started with a full list of all licensed retail pharmacies in Tennessee (license verification)
- 94 counties had one or more licensed retail pharmacies; 1 county had zero
- Randomly selected 1 chain and 1 independent pharmacy in each of the 94 counties, where possible (2 chains were chosen if no independent in the county, and vice versa; if a county had only a single licensed retail pharmacy, we included that in our sample)
- FINAL SAMPLE: 183 pharmacies across 94 Tennessee counties

# QUANTITATIVE DATA

## Behavioral Health Foundation 2022 study results

- 176 of 183 TN pharmacies we contacted provided information regarding whether they could fill a Suboxone prescription for a new patient (or generic films, tablets)
  - **53% said NO** (N=94)
  - **34% said YES** (N=59, 4 of which required 3+ days to fill the Rx)
  - **13% said IT DEPENDS** – only if certain conditions were met (N=23)  
*(conditions included: requiring a patient interview, transferring other medications, proof of local residence, and/or a local or specific doctor)*



**Less than half (47%) of TN pharmacies would fill a new patient's buprenorphine prescription.**

# CHAIN VS. INDEPENDENT

## Our findings showed remarkably similar results

- **No:** 53% of chains and 54% of independents
- **Yes:** 34% of chains and 33% of independents
- **It Depends:** 13% of chains and 13% of independents

## A unique finding

- Previous studies in other parts of the United States have found significantly higher rates of NO responses at independent pharmacies.
- Our TN study found no significant differences in chain vs. independent pharmacies.



# QUALITATIVE DATA

## Behavioral Health Foundation 2022 study results

- **Limit of Patients:** 53 pharmacies mentioned a limit on the number of patients they were allowed to have on buprenorphine. Three main themes emerged: 1) prioritizing existing patients only, 2) a general limit on number of patients for that medication, 3) having a waiting list.
- **Supply Related Issue:** 30 pharmacies mentioned having issues on the supply side, such as distributors supply shortages or ordering limits. Top theme: the DEA.
- **Preferences & Attitudes:** 33 pharmacies mentioned pharmacist/pharmacy preference or attitudes toward buprenorphine. Four main themes emerged: 1) Buprenorphine was bad for business/not profitable, 2) pharmacy needs to maintain ratio of controlled vs. non-controlled substances, 3) it was the pharmacists/pharmacy's personal choice, and 4) no interest in dispensing that medication.
- **Restrictions:** 23 pharmacies mentioned at least one restrictive requirement. These included: A patient interview with the pharmacist, needing to transfer/fill at least one other prescription other than buprenorphine, requiring a local/specific doctor and/or proof of local address, etc.

# A LIMIT OR WAIT LIST

## Describing having a patient limit

- “[...] we've had people on a waiting list for a really long time. People don't leave us, we have too many people calling and not enough people leaving.”
- “We have a waiting list of about 20-30 people.”
- “A lot of pharmacies around here have met their max because of the number of people looking for controlled substances.”
- “If you're already an established patient (for this medication) we can fill it, but we're at our limit. We can only get so much medication in and once we hit our limit, we've hit our limit.”
- “We are actually struggling to fill for the patients we have now, we're starting to run out before we have filled for everyone.”
- “There's only a certain amount of control that we can give, with Suboxone it's a little difficult, we do have a strict limit on that one. We risk losing our current patients if we fill anymore.”

## Describing supply, DEA, and similar factors

- “It's been on allocation for 2 months. Each pharmacy has a certain limit that we can actually get monthly, and that's given to us per the DEA now, when we exceed the maximum allotment, we can't get any more so I'm already piecing together tablets for our current patients.”
- “There's a lot of lawsuits against wholesalers not monitoring the amount of controlled substances they get so they've passed that limit on us, now we have to watch how much we order, [...]”
- “They've [the DEA] already talked to us once about that before so we have to watch it.”
- “The state and the DEA are watching Suboxone very closely right now.”
- “Suboxone is one of the things that the DEA watches close, we can't do a lot as far as a percentage [of our patients on Suboxone]. [...] The ones [patients on Suboxone] we do have also have other medications with us so that it doesn't look as weird or as bad, you know?”

## Describing preferences, restrictions, and requirements

- “We're just trying to keep our profile for that kinda small, have enough for the patients we already have.”
- “We're not signed up to dispense it so we actually can't order it.”
- “We like to keep it [number of buprenorphine patients] at a minimum [...] it's a personal preference.”
- “No, we're not interested in dealing with that medication.”
- “It is a professional liability if it is not from a local doctor.”
- “Find a local doctor first, the more local the better. We are starting to look at the location a lot and need to have a doctor, pharmacist, and [patient] address in the same area usually. Two of the three is what we usually look at.”
- “...you have to do an interview to be taken on as a patient.”

## Messaging from the Drug Enforcement Agency

- *“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.” – [DEA press release](#) issued (March 23, 2022)*
- *“At DEA, our goal is simple: we want medication for opioid use disorder to be readily and safely available to anyone in the country who needs it.” – DEA letter to prescribers following elimination of the DATA-Waiver (January 12, 2023)*
- Mixed messages in a DEA Diversion Control Guidance Document for distributors and manufacturers (January 20, 2023)
  - *“This guidance document clarifies that neither the Controlled Substance Act (CSA) nor the Drug Enforcement Administration (DEA) regulations establish quantitative thresholds or place limits on the volume of controlled substances DEA registrants can order and dispense.”*
  - *“This document also reminds all DEA registrants of the requirement to establish systems to identify and report suspicious orders of controlled substances to include Medication for Opioid Use Disorder (MOUD).”*

# ACTION IS NEEDED!

## How to address these barriers to MOUD access?

- Educate, educate, educate...
- Individual practitioners advocating for their patients (e.g., calling pharmacists)
- Engage local, regional, and national DEA diversion officials
- Board of Pharmacy regulations or guidance
- Federal disability law implications - ADA
- Academic detailing, mentorship, and shadowing programs
- On-site or specialty pharmacy services (e.g., Cordant)
- Engage in planning councils, coalitions, and other policy advocacy opportunities
- Add this issue to list of priorities for your professional or industry association
- Talk to your legislators at state and federal levels

# RECENT TN POLICY CHANGE

## Good Samaritan Overdose Response Law

- Bill passed that allows law enforcement officers and DAs discretion to apply immunity
- One-time overdose limit exception remains a concern

## Test Strips for Drug Checking

- LEGAL to distribute and use fentanyl test strips as of March 31, 2022 (3-year sunset!)
- Xylazine test strips currently legal (unless TN adds xylazine to list of scheduled drugs)

## Naloxone

- Narcan 4mg naloxone nasal spray now available over the counter
- CAUTION w/ high dose products: Zimhi (=12 naloxone vials) and Kloxxado (=10 vials)

## TN SAFE Act (2021) – Recovery Housing Regulations

- *"Substance-free" does not mean free of substances that are prescription medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the federal food and drug administration (FDA) for the treatment of opioid use disorder, as well as other medications with FDA-approved indications for the treatment of co-occurring disorders.*

# QUESTIONS?



There is no such thing as a stupid question...ask away!



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