Expanding Access to Medications for Opioid Use Disorder via Community Pharmacy

A Guide for Community Pharmacy Staff

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Abbreviations

AAAP	American Academy of Addiction Psychiatry
ACPE	Accreditation Council for Pharmacy Education
AKA	Also known as
AMA	American Medical Association
ASAM	American Society of Addiction Medicine
ASHP	American Society of Health-System Pharmacists
CDC	Centers for Disease Control and Prevention
CDTA	Collaboration Drug Therapy Agreement
CE	Continuing education
CEDEER	Community-Engaged Drug Education, Epidemiology, & Research
CNS	Central nervous system
CPESN	Community pharmacy enhanced services network
CPT	Current procedural terminology
DEA	Drug Enforcement Agency
DOH	Department of Health
E/M	Evaluation and management
HIV	Human immunodeficiency virus
MME	Morphine milligram equivalents
MOUD	Medication for opioid use disorder
OBOT	Office-Based Opioid Treatment
OTP	Opioid Treatment Program
OUD	Opioid use disorder
PDMP	Prescription drug monitoring program
PEP	Post-exposure prophylaxis
PhARM-OUD	Pharmacy Access to Resources and Medication for Opioid Use Disorder
PrEP	Pre-exposure prophylaxis
SAMSHA	Substance Abuse and Mental Health Services Administration
SDOH	Social determinants of health
STI	Sexually transmitted infection
US	United States
UW	University of Washington
WA	Washington
WSPA	Washington State Pharmacy Association

Introduction

Welcome to Expanding Access to Medications for Opioid Use Disorder via Community Pharmacy: A Guide for Community Pharmacy Staff. This guide was developed by the University of Washington School of Pharmacy and Washington State Pharmacy Association as part of a research study funded by the Community Pharmacy Foundation. The goal of this resource guide is to assist community pharmacy teams in implementing MOUD services beyond dispensing at their pharmacy.

Rationale

Opioid misuse is a public health emergency in the US.[1] MOUD, such as buprenorphine, reduces opioid use and overdose risk; however, as many as 87% of individuals who may benefit from MOUD do not receive it.[2,3] Poor access to MOUD has significantly contributed to this treatment gap, with rural areas in particular expressing increased need for better access. Decreased or difficult access to obtain MOUD puts a patient at higher risk of opioid misuse recurrence, a point highlighted by those with lived experience in this project.

Pharmacies are critical community-based access points for preventative and public health services. The Consolidated Appropriations Act of 2023 removed the requirement for separate prescriber registration (X-Waiver) for buprenorphine prescribed for OUD.[4] This change has created a timely and significant opportunity to enhance existing opioid stewardship activities and expand MOUD access at community pharmacies, particularly in states where pharmacists can obtain DEA registration and prescribe controlled substances. Further, pharmacies can help patients with medication treatment of commonly co-morbid conditions such as HIV, hepatitis, and mental health conditions.

Models of care for MOUD initiation and maintenance by community pharmacies must be developed strategically and systematically to ensure the financial sustainability and viability of the service for community pharmacies; integration with existing OUD services; and equitable access to culturally responsive care that contributes to reducing the substantial health disparities that currently exist, particularly in rural settings.

Methods

This resource guide was developed based on a qualitative analysis of data collected via key informant interviews and feedback from an interdisciplinary advisory panel. We interviewed 9 community pharmacy staff (5 pharmacists and 4 pharmacy technicians), 11 OUD treatment providers, and 11 people with lived experience or patients in Washington State from January to May 2024. The interviews were guided by an implementation science framework called the Practical, Robust Implementation and Sustainability Model and evidence-based models of care for opioid use disorder in primary care settings.[5-7] Data were analyzed using rapid content analysis.[8]

Intended Audience

This guide is designed for states where pharmacists can prescribe controlled substances and have pathways to be reimbursed for services via commercial and/or Medicaid health plans. Further, many of the resources included are specific to Washington State due to the localized nature of the opioid response. HOWEVER, it is also designed to be useful for all community pharmacy teams interested in enhancing their efforts to address the opioid crisis within their communities. This guide can offer insights into the types of resources that may be available and where to find similar support in your own county and state.

For example, all community pharmacy teams can contribute to decreasing the stigma associated with OUD and MOUD through completion of training on harm reduction and trauma-informed care and use of

person-centered language. Further, pharmacy teams can refer patients to local, free recovery resources, like the Washington Recovery Health Line, in states where pharmacists cannot prescribe controlled substances. Additionally, pharmacies can pursue contracts with local payers, public health partnerships, and/or local opioid settlement fund opportunities in states where pharmacists can prescribe controlled substances but do not have a clear pathway for reimbursement for services.

Philosophy of Care

The models of care and this resource guide were designed in alignment with harm reduction and trauma-informed care.

People who seek care for OUD often encounter rigid treatment protocols, stigmatizing language, and punitive measures, such as requiring complete abstinence as a condition for receiving care or withholding treatment for missed appointments.[2] These practices can inadvertently perpetuate the cycle of substance use disorders and harm, rather than fostering a supportive and healing environment.

Below are quotes from people with lived experience about challenges they have experienced shared with us through this work:

"…people get in trouble, or they miss their appointment. They get knocked down a dose and that just makes people want to go use…"

"One of the biggest things for me with [buprenorphine-naloxone]… was I wasn't staying 100% clean… [my provider] wanted it to be an all or nothing that and I couldn't do that."

"…it's much easier to get [opioids] itself than getting medication to treat the disorder."

Harm reduction is a set of practical strategies and ideas to reduce the negative consequences associated with drug use.[8,9] It is grounded in the principles of respecting the dignity of individuals, promoting safer use, and meeting people where they are.

Trauma-informed care is an approach that acknowledges the complex intersection of trauma and health and seeks to avoid re-traumatization in seeking and receiving care.[10,11] Its guiding principles center around the concepts of safety and connection.

Below are quotes shared with us through this work from people with lived experience and their hopes and desires for increasing access to MOUD via community pharmacies:

"…having that language in place is really important… not using stigmatizing or shameful language toward someone… That's important for anyone accessing medical stuff is being respected and feeling welcome."

"Ease of access [to treatment] is really what helped me."

"When you decide you want to get clean, it's a decision you're making right now. If you have to wait 3 weeks for an appointment, your mind might change, or your circumstances might change. But if you're able to access that care right when you make that decision, [the] likelihood of following through with it is more promising."

Models of Care Overview

Existing evidence-based models of care for opioid use disorder in primary care settings include 4 components to varying degrees: (1) pharmacotherapy, (2) education/outreach, (3) coordination of care, and (4) psychosocial services. The table below summarizes how these 4 components should be integrated into community pharmacy models of care for MOUD access. Details on implementing the low-barrier buprenorphine initiation and low-barrier MOUD maintenance models in a community pharmacy are provided on the following pages.

Model	**Components**			
	Pharmacologic	**Education/ Outreach**	**Coordination of Care**	**Psychosocial Services**
Dispensing (Usual Care)	Primarily buprenorphine-naloxone Limited injectable naltrexone	Offer for patient counseling as required by law	Not a major component	Not a major component
Low-Barrier Buprenorphine Initiation	Buprenorphine- naloxone	Pharmacy staff education including clinical (e.g., OUD, MOUD) and patient care (e.g., trauma-informed care, harm reduction) components Patient counseling Primary care/ specialized provider education on model of care	Referral/ warm handoff to primary or specialized care provider for titration and maintenance	Referral to local resources and/or services when appropriate
Low-Barrier MOUD Maintenance	Buprenorphine- naloxone, injectable naltrexone, and/or injectable buprenorphine	Pharmacy staff education including clinical (e.g., OUD, MOUD) and patient care (e.g., trauma-informed care, harm reduction) components Patient medication management	Provided in collaboration with a local OBOT, OTP, or clinic	Referral to local resources and/or services when appropriate

Model #1: Low-Barrier Buprenorphine Initiation

Low-barrier care prioritizes making MOUD, the front-line treatment for OUD readily available and easily assessible when people are ready to seek care. Low-barrier care eliminates administrative hurdles to meet people where they are without stigma or discrimination. This model is suitable for most community pharmacies where pharmacists can prescribe controlled substances because it emphasizes making effective treatment easily accessible.

Patient Care Process

1. Patient Identification	• Walk-in availability preferred over appointment-based model
	  ○ Allows people to access care when they are ready without additional hurdles
	  ○ Improves access for people who are unhoused or experience difficulty keeping appointments

2. Collect and Assess	• Prioritize medically-necessary screenings and minimize administrative process to reduce time to medication initiation
	• Polysubstance use should not prevent or delay MOUD initiation
	  ○ People on MOUD are likely to die from an overdose than people not on MOUD
	  ○ The FDA urges caution in withholding MOUD from people taking benzodiazepines or CNS depressants

3. Plan and Implement	• Prescribe buprenoprhine-naloxone for home induction and withdrawal management medications via CDTA when appropriate • Provide patient counseling*
4. Follow-up	• Provide warm hand-off to local primary or specialized care for ongoing care; Authorize buprenorphine-naloxone refills via CDTA while care is being established to prevent gaps in therapy • Offer additional harm reduction services at pharmacy as available and appropriate • Refer to psychosocial services and/or community support such as counseling, peer coaching, housing, and transportation based on patient preference and need*
5. Document and Bill	• Document encounter per CDTA, organizational policy, and payer contracts • Bill per payer contracts

*A person declining this step should not prevent or delay MOUD initiation

Additional Resources on Low-Barrier Buprenorphine

SAMSHA Advisory: Low Barrier Models of Care for Substance Use Disorders

CEDEER Low-Barrier Buprenorphine

Model #2: Low-Barrier MOUD Maintenance

Long-term maintenance aims to keep people on MOUD for as long as they benefit from it and want to continue medication treatment while also minimizing administrative hurdles to meet people where they are without stigma or discrimination. This model is well suited for community pharmacies where pharmacists can prescribe controlled substances and there is poor acess to ongoing care, such as those in rural or medically underserved areas.

Patient Care Process

1. Patient Identification	• Person referred to pharmacy based on partnership and CDTA with treatment provider and/or clinic for maintenance AND/OR person transitioned from model #1 if local primary or specialized care for ongoing care not available
	• Appointment-based and/or walk-in availability
	  ○ Consider scheduling model that allows for same-day appointments to improve accessibility
	  ○ Missed appointments should not prevent or delay MOUD continuation

2. Collect and Assess	• Review MOUD status including dosage, adherence, side effects, cravings, withdrawal, and safe storage (aka medication management)
	• Review medical, psychiatric, and social history
	• Consider intermittent drug testing and PDMP check in a person-centered model to confirm medication adherence
	  ○ Ongoing substance use does not preclude treatment benefits and should not prevent or delay buprenoprhine continuation
	  ○ A minimum opioid-free duration of 7-10 days recommended for injectable naltrexone

3. Plan and Implement	• Utilize shared decision-making to update individualized treatment plan when appropriate • Refill buprenoprhine-naloxone, injectable buprenorphine, or injectable naltrexone via CDTA; Initiate medication and dosing changes via CDTA when appropriate

4. Follow-up	• Determine individualized follow-up schedule considering patient-specific factors
	  ○ May consider telehealth options for ongoing follow-up
	  ○ Missed appointments should not prevent or delay a person's MOUD continuation
	• Offer additional harm reduction services at pharmacy as available and appropriate
	• Refer to psychosocial services and/or community support such as counseling, peer coaching, housing, and transportation based on patient preference and need*

5. Document and Bill	• Document encounter per CPA, organizational policy, and payer contracts • Bill per payer contracts

^A person declining this step should not prevent or delay MOUD continuation

Additional Resources on MOUD Maintenance

ASAM National Practice Guideline for the Treatment of Opioid Use Disorder

CDC Linking People with Opioid Use Disorder to Medicaton Treatment: A Technical Package of Policy, Programs, and Practice

SAMSHA Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings

Implementation Checklist

Launching MOUD initiation and/or maintenance services in a community pharmacy requires careful planning and consideration. This checklist provides a high-level overview of key steps and considerations for ensuring successful implementation.

Model of Care

- [ ] Model of care selection
- [ ] Pharmacy-specific workflow and operating procedures

Regulatory Requirements

- [ ] Consolidated Appropriations Act of 2023 training requirement for prescribers
- [ ] DEA registration application
- [ ] CDTA(s)

Pharmacy Staff Training

- [ ] Clinical component addressing OUD, MOUD, and addiction medicine
- [ ] Patient care component addressing harm reduction, trauma-informed care, and stigma reduction

Documentation and Billing

- [ ] Credentialing and contracting
- [ ] Electronic health record or similar documentation and billing platform

Other Considerations

- [ ] PDMP access

  Acess to the state or local PDMP is a tool for monitoring medication adherence and continuity of treatment.

  Resource: WA State Prescription Drug Monitoring Program

Other Considerations (cont.)

- [ ] Private patient care space

  A private space, separate from drop-off and checkout areas, is crucial for people to feel comfortable seeking care without fear of stigma.

- [ ] MOUD supply

  The DEA has issued guidance that wholesalers should monitor buprenorphine separately from other controll substances. Pharmacy teams should collaborate with their wholesalers to ensure continued access to MOUD.

  Resource: PhARM-OUD Guideline

- [ ] Local community resources and partnerships

  Community resources can be dynamic, requiring significant effort for pharmacy staff to keep updated. Instead, reliable information can often be found on state and local health department websites. It is essential for pharmacy staff to familiarize themselves with these resources and cultivate collaborative relationships with local providers and community resources.

- [ ] Marketing/advertising

  Pharmacies should market their service to the community using language that is person-centered and destigmatizing. Explore advertising through social media, online ads, local partners, and word of mouth.

Training and Education Resources

The Consolidated Appropriations Act of 2023 established a one-time, eight-hour training requirement for all DEA-registered practictioners focused on the treatment and management of people with opioid or other substance use disorders. Pharmacists who will be prescribing MOUD will need to complete this training requirement. Established programs for pharmacists designed to meet this training requirement are highlighted below.

Pharmacists Caring for Patients with Opioid Use Disorder (OUD): A Certificate Program
ACPE-accredited certificate program from the North Carolina Association of Pharmacists designed to furnish healthcare professionals with a thorough understanding of the prevention, detection, and management of patients with substance use disorders.

Initiating Buprenorphine Certificate Training Program
ACPE-accredited certificate program for pharmacists offered by APhA covering screening, non-pharmacologic and pharmacologic management and communication and addressing barriers related to the management of pain and substance use disorders.

Medications for Opioid Use Disorder Training Program
ACPE-accredited program offered by ASHP for pharmacists who work with or plan to work with medications for opioid use disorder.

Providers Clinical Support System-Medications for Opioid Use Disorders
Funded by SAMSHA and led by the AAAP to provide practitioner training in evidence-based prevention and treatment of OUD and offer the training needed to apply for or new a DEA registration to prescribe controlled substances at no cost.

Beyond the training requirements for pharmacists who will be prescribing MOUD, training for all pharmacy staff should include a clinical component and patient care components to ensure pharmacists and pharmacy support staff are equipped to provide effective and compassionate care. The clinical component should address OUD and MOUD. The patient care component should focus on harm reduction, trauma-informed care, and stigma reduction. Several existing trainings are highlighted below.

ScalaNW
Program created to help providers in Washington State improve and expand access to care for people who use drugs and reduce stigma. Free live and on-demand training sessions are available for clinicians on topics such as MOUD, treatment initiation, and case discussions.

Treatment Retention Toolkit
Features training and resources to help clinicians in Washington State improve client engagement and retention in substance use disorder outpatient treatment settings.

Let's Talk Stigma Podcast
Free ACPE-accredited podcast miniseries designed to equip community pharmacists and pharmacy technicians to provide culturally sesnstive care to individuals with opioid use disorder.

Words Matter – Terms to Use and Avoid When Talking About Addiction
Free ACPE-accredited activity on using person-first language and on terms to avoid to reduce stigma and negative bias when discussing substance use disorders and addiction.

Engaging with clinicians experienced in caring for individuals with OUD can be highly beneficial, especially when starting a new service. The following resources are available to providers in Washington State. Pharmacists in other states should explore existing resources available to them through local academic institutions, health systems, and/or public health agencies.

UW Pyschiatry and Addictions Case Conference Series
Free, weekly teleconference that connects community providers in Washington State with UW Medicine psychiatrists, and addictions experts. Sessions include both an educational presentation and case presenations. Sessions are on Thursdays 12:00 to 1:30 pm PT.

UW Medicine Psychiatry Consultation Line
A free provider-to-provider consultation service that healthcare providers in Washington State can use for free clinical advice from UW psychiatrics regarding adults patients with mental health or substance use conditions. Call 877-WA-PSYCH (877-927-7924) or schedule a consult online.

SAMHSA Opioid Treatment Program Directory
A database of certified opioid treatment/behavioral health programs by state. Call 1-877-SAMHSA-7 (1-877-726-4727) for additional information on resources.

Payment

Pharmacists in Washington State can credential and contract with commercial and Medicaid plans and be paid for the care associated with MOUD initiation and maintenance using outpatient E/M codes. While many of the resources in this section are tailored to Washington State, they can provide pharmacy teams in other states with insights into available resources, whether they have provider status or not.

Credentialing and Contracting

The first step in implementing medical billing at the pharmacy is credentialing and contracting the pharmacists with health plans.

WSPA Contracting and Credentialing Resource Center
Outlines steps for pharmacist provider enrollment, including credentialing and contracting with health plans.

CAQH Provider Data Portal®
The chosen vendor for Washington State providers and health plans to submit and retrieve credentialing applications.

Billing Codes

This guide does not include specific billing codes, as all CPT codes are owned by the AMA; however, the following helpful resources are available.

Pharmacy Practice Guidebook: Medical Billing, Coding, and Documentation for Pharmacy Professionals
All-in-one guide with key definitions, selection of billing codes, and more for pharmacy professionals.

ASAM Reimbursement for Medications for Addiction Treatment Toolkit
A guide for providers on how to bill third-party payers for treating patients with substance use disorders with medications.

Technology

Pharmacies will need to acquire a technology system to support clinical patient management and medical billing. With many options available on the market, pharmacies should consider their specific needs and financial resources, including the number of claims they expect to submit regularly, features and functionality (e.g., patient care documentation, appointment scheduling, and revenue cycle management), and cost, among others.

CPESN USA has launched several collaborations with pharmacy software provides to help community pharmacies enter the medical billing space. Community pharmacies that are members of CPESN WA or other local CPESN can contact the Managing Network Facilitator to learn more about the available opportunities and resources.

What about when a person does not have commercial, Medicaid, or any health insurance coverage?

Here are state-wide resources for pharmacy staff to assist individuals in enrolling in insurance or to connect individuals to other treatment community resources. Additional resources likely also exist at the county or local health jurisdiction level.

Washington Apple Health (Medicaid)

People without health insurance in Washington State can determine their Medicaid eligibility and apply for coverage online using Washington Healthplanfinder. Brokers and navigators are also available and most often free to help people shop and enroll in plans. Pharmacy staff should refer or assist individuals without insurance who may qualify for Medicaid.

Washington Recovery Health Line (866-798-1511)

Anonymous, confidential 24-hour help line for Washington State residents experiencing substance use disorder, problem gambling, and/or mental health challenge to connect with local treatment resources and community services. Pharmacy staff should refer individuals or assist them in calling the Washington Recovery Help Line if they are not able to receive care at the pharmacy.

Complementary Pharmacy Services

There are several additional services that can be offered at community pharmacies to reduce someone's risk of death from an overdose and to provide support for conditions that commonly co-occur wth substance use disorders. Services that are increasing being offered at community pharmacies are highlighted below with select national and state implementation resources. Additional resources likely also exist at the county or local health jurisdiction level. While some of the resources in this section are tailored to Washington State, they can provide pharmacy teams in other states with insights into available resources.

Service	Brief Description	Resources
Opioid stewardship	Opioid stewardship involves a spectrum of services that promote safe use of opioids, minimize the potential for harm, and prevent overdose, such as MME calculations, naloxone dispensing, safe opioid disposal.	**Flip the Pharmacy Opioid Progression** Flip the Pharmacy is a national pharmacy practice transformation initiative. Their website includes free resources and information for pharmacy staff members on a spectrum of opioid stewardship services.
SDOH	SDOH are the conditions in which people are born, grow, live, work, and age, influecing their quality of life and health outcomes. Community pharmacies are increasingly embracing a larger role in screening and addressing SDOH needs, which can significantly influence outcomes for people with OUD by addressing underlying issues that may contribute to their disorder and recovery.	**Implementing a Social Determinants of Health Program: A Community Pharmacy Driven Toolkit** Offers guidance and tools for community pharmacies implementing programs to address SDOH in their practices. **Facilitating Pharmacist and Community-based Organization Collaboration to Improve Medication Management by Addressing Social Determinants of Health** Implementation toolkit for fostering collaboration between pharmacists and community-based organizations to address SDOH.
Naloxone	As a medication that rapidly reverses opioid overdoes, community pharmacies have a crucial role in naloxone distribution by providing easy access and educating the public on its use.	**Respond to Prevent** Free pharmacist and pharmacy technician CE and toolkit to improve the quality and success of naloxone engagement and distribution at community pharmacies. **Washington State Standing Order to Dispensing Naloxone** This state-wide standing order authorizes pharmacists to dispense naloxone to any eligible person or entity.
Drug testing strips	Testing strips are an affordable tool for preventing drug overdoses by detecting the prescence of fentanyl, xylazine, benzodiazepine, or other substances in personal drug samples. Like with naloxone, community pharmacies can help people access these strips and provide education on their use.	**WA State DOH Drug User Health Resource Hub** Resource for healthcare providers with educational resources on testing strips that can be shared with patients or communities at risk of overdose.

STIs	Early STI testing and treatment is vital to timely detecion and prevention of complications. Community pharmacies offer a discreet location for STI screening and testing, treatment, and counseling.	**Chlamydia and Gonorrhea Test-to-Treat Toolkit for Community Pharmacies** A free toolkit intended to assist pharmacists with the implementation of chlamydia and gonorrhea test-to-treat programs in the community pharmacy settings. Materials can be used or adapted to fit a pharmacy's needs. **WA State STD Testing Sites** Community pharmacy teams can utilize the resource to connect people with care when they do not provide STI testing and treatment services or are not enrolling new patients.
HIV PrEP and PEP	Community pharmacy teams are a growing partner in HIV prevention through delivery of PrEP and PEP medications that prevent HIV infection before or after potential exposure.	**WA State DOH PrEP Delivery Toolkit for Pharmacies** Intended to equip pharmacists with the education, resources, and tools needed to initiate and manage PrEP pharmacy programs. **WA State PrEP** Community pharmacy teams can utilize the resource to connect people with care when they do not provide PrEP services or are not enrolling new patients. **WA State PEP** Community pharmacy teams can utilize the resource to connect people with care when they do not provide PEP services, are not enrolling new patients, or have limited capacity to initiate treatment promptly.
Hepatitis C	People who inject drugs are disproportionately impacted by Hepatitis C. Integrating pharmacists in community-based settings represents an emerging, innovative mode of care to enhance accessbility and support for affected individuals.	**Pharmacist, Physician, Patient Navigator-Collaborative Care (PPP-CCM) Model** Describes findings of a pilot with two community organizations based in Seattle, WA. **Hepatitis Education Project** Patients and providers can find resources to help better care coordination, harm reduction services, and access a local Seattle-based clinic.

Appendices

CDTA Template for Low-Barrier Buprenorphine Initiation

Collaborative Agreement for MOUD Initiation

Collaborative agreement between _____ (PHARMACY NAME) pharmacists and _____, independent prescriber (MD/DO/ARNP):

I, _____, a prescriber licensed in the State of Washington, do hereby authorize _____ and the pharmacists listed below of _____ Pharmacy to prescribe medications for opioid use disorder [MOUD] to patients from age 18 to age 55 years and older with diagnosed opioid use disorder [OUD], in accordance with the laws (RCW 18.64.011) and regulations (WAC 246-945-350) of the State of Washington.

- In exercising this authority, the pharmacist(s) shall collect patient information, assess patients, and make decisions about appropriate treatment.
- The pharmacists shall document all patient assessments performed and prescriptions written under this protocol.
- The pharmacists shall provide each patient with both verbal and written education regarding their condition and the medication prescribed.
- As the authorizing prescriber, I will be available for consultation about specific patient cases and to review the activities of the pharmacists prescribing under this protocol. Reports of all prescribing activities performed by pharmacists under this protocol shall be compiled and sent to the prescriber quarterly.

In compliance with the Medication Access and Training Expansion (MATE) act, training for physicians, residents and fellows requires 8 hours of relevant accredited education. Per the DEA, any other prescriber who now registers for a DEA # is expected to also take the same 8 hours of training for OUD and prescribing of MOUD. An appropriate resource to obtain this training by the pharmacist will be communicated between the pharmacist and independent prescriber.

This authorization will be in effect for two years, unless rescinded earlier in writing to the Washington State Pharmacy Quality Assurance Commission by either party. Any significant changes in the protocol must be agreed upon by the participants and submitted to the Commission.

_____	_____	_____
Prescriber	License Number	Date
_____	_____	_____
Lead Pharmacist	License Number	Date

Pharmacists included in the protocol (may be included on a separate sheet)

Name	License #	DEA #	Signature

Prescriptive Protocol for MOUD Initiation

Purpose:

To provide timely and accessible treatment of opioid use disorder (OUD). The pharmacist will ensure that patients receive adequate information regarding medications for opioid use disorder (MOUD) and their treatment. This treatment will be prescribed in a community pharmacy.

Pharmacist training:

Each pharmacist participating in this protocol must have completed the [Insert training associated with addiction medicine or MOUD initiation].

In compliance with the Medication Access and Training Expansion (MATE) act, training for physicians, residents and fellows requires 8 hours of relevant accredited education. Per the DEA, any other prescriber who now registers for a DEA # is expected to also take the same 8 hours of training. An appropriate resource to obtain this training by the pharmacist will be communicated between the pharmacist and independent prescriber. Please see associated attachments to this CDTA for corresponding training program.

Procedure:

1. When the patient requests, or there is indication of need for treatment for [MOUD initiation], the pharmacist will assess the patient. The pharmacist will integrate patient-specific information and disease-state knowledge to decide about treatment and/or referral to another provider for further assessment.

2. The pharmacist will refer the patient to a physician or other healthcare provider if the use of [buprenorphine or other MOUD] may not be appropriate for the patient or if any of the following conditions are present: [Consideration or exclusion for referral to provider outside of MOUD training of pharmacist].

3. In addition to the medication, patients will be provided with both verbal and written information on the signs and symptoms of allergic reactions, potential adverse reactions, and when and how to follow up.

4. Each prescription provided by a pharmacist will be documented in a patient profile as required by law. If the patient has a primary care provider, that provider will be notified of the community pharmacist visit. The pharmacist will provide the patient with a prescription to be filled at a different pharmacy location if requested by the patient.

Medication(s) to be prescribed:

- Buprenorphine +/- naloxone

Documentation:

The completed patient questionnaires, pharmacist assessment forms, and/or records of prescriptions written under this protocol will be kept on file at the pharmacy in accordance with state law.

CDTA Template for Low-Barrier MOUD Maintenance

Collaborative Agreement for MOUD Maintenance

Collaborative agreement between _____ (PHARMACY NAME) pharmacists and _____, independent prescriber (MD/DO/ARNP):

I, _____, a prescriber licensed in the State of Washington, do hereby authorize _____ and the pharmacists listed below of _____ Pharmacy to prescribe medications for opioid use disorder [MOUD] to patients from age 18 to age 55 years and older with diagnosed opioid use disorder [OUD], in accordance with the laws (RCW 18.64.011) and regulations (WAC 246-945-350) of the State of Washington.

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Lead Pharmacist	License Number	Date

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Purpose:

To provide timely and accessible treatment of opioid use disorder (OUD). The pharmacist will ensure that patients receive adequate information regarding medications for opioid use disorder (MOUD) and their treatment. This treatment will be prescribed in a community pharmacy.

Pharmacist training:

Each pharmacist participating in this protocol must have completed the [Insert training associated with addiction medicine or MOUD maintenance].

In compliance with the Medication Access and Training Expansion (MATE) act, training for physicians, residents and fellows requires 8 hours of relevant accredited education. Per the DEA, any other prescriber who now registers for a DEA # is expected to also take the same 8 hours of training. An appropriate resource to obtain this training by the pharmacist will be communicated between the pharmacist and independent prescriber. Please see associated attachments to this CDTA for corresponding training program.

Procedure:

1. When the patient requests, or there is indication of need for treatment for [MOUD maintenance or continuation], the community pharmacist will assess the patient. The pharmacist will integrate patient-specific information and disease-state knowledge to decide about treatment and/or referral to another provider for further assessment.

2. The pharmacist will refer the patient to a physician or other healthcare provider if the use of [MOUD] may not be appropriate for the patient or if any of the following conditions are present: [Consideration for referral to provider outside of MOUD training of pharmacist].

3. In addition to the medication, patients will be provided with both verbal and written information on the signs and symptoms of allergic reactions, potential adverse reactions, and when and how to follow up.

4. Each prescription provided by a pharmacist will be documented in a patient profile as required by law. If the patient has a primary care provider, that provider will be notified of the Community Pharmacist visit. The pharmacist will provide the patient with a prescription to be filled at a different pharmacy location if requested by the patient.

Medication(s) to be prescribed:

- Buprenorphine +/- naloxone
- Vivitrol (injectable naltrexone)*
- Other MOUD

* REMS Program Required

Documentation:

The completed patient questionnaires, pharmacist assessment forms, and/or records of prescriptions written under this protocol will be kept on file at the pharmacy in accordance with state law.

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