

Opioid Epidemic: Community Pharmacists' Recommendations

Background

Independent community pharmacies play a critical role in ensuring patients have immediate access to medications. Our members, the owners of more than 22,000 pharmacies, have extensive knowledge and experience in caring for patients with chronic pain as well as those in their communities with substance use disorders.

Solutions

NCPA is committed to working collaboratively with the Administration in adopting viable solutions to prevent drug abuse and diversion. We believe there are efforts in the marketplace that are currently making a difference in the battle against opioid abuse and could be scalable:

- **Expand Consumer Access to Naloxone:** NCPA supports and advocates for pharmacists to participate in wider distribution of naloxone under pathways approved by state boards. The least restrictive means to increasing access to naloxone is to allow pharmacists to directly prescribe.
- **Encourage Pain Relief Alternatives for Pain Management:** Studies show alternative pain therapies such as topical pain creams, nerve stimulation, and neuromodulation as examples can be effective in treating a variety of localized pain conditions, without the substance use problems seen with oral therapies.

Additionally, there are promising policies HHS could move forward that would have a positive impact on mitigating or preventing abuse, without compromising legitimate patient access to needed pain medications, such as:

- **Establish Limits on Maximum Day Supply for Certain Controlled Substances:** Standardize federal or state based policies to limit initial fills of opioids for consistent implementation, taking into consideration certain patient populations.
- **Prohibit Certain Controlled Substances from Being Delivered to Patients via Physician Offices or via Mail:** Utilizing the triad of care between a prescriber, pharmacist and patient is vital with opioid therapies. Prohibiting delivery via the mail or physician offices offers added assurances against diversion.
- **Utilize Appropriately Structured Lock-In Program in Part D:** Apply a standardized lock-in program created and enforced by CMS to opioid therapies only and ensure beneficiary choice of prescriber and pharmacy.
- **Expand Electronic Prescribing of Controlled Substances:** Require prescriptions for controlled substances to be electronically prescribed where feasible. The DEA interim final rule that allows for the electronic prescribing of controlled substances should be finalized.
- **Enhance Prescription Drug Monitoring Programs:** Increase interoperability of robust electronic databases to track all prescriptions for controlled substances to identify improper prescribing and dispensing behavior as well as individuals at high-risk of overutilization. Leverage national standards to provide timely, reliable information at point of prescribing and dispensing.
- **Increase Health Care Provider Education:** Require all prescribers to obtain education on pain management. The pharmacist's role is to provide continuity of education and monitoring.
- **Increase Use and Access to Medication Assisted Treatment:** Support expanding practitioner eligibility for DATA waivers, including pharmacists. Advancement of the pharmacist's role in MAT for opioid use disorders can help improve access and outcomes, while reducing the risk of relapse.
- **Expand the Ability of Pharmacies to Identify Individuals with Substance Use Disorders:** Allow pharmacists to participate in SBIRT or Screening, Brief, Intervention and Referral to Treatment activities.
- **Expand Access to Controlled Substance Take-Back Programs:** Allow pharmacists to promote programs that work for their pharmacy and their community.

NCPA stands ready to work with all stakeholders to stem the growing tide of opioid abuse and overdose.