

# Break Down Barriers to Dispensing Buprenorphine for OUD

You play a crucial role in **ensuring patients have access to buprenorphine products (*Suboxone*, etc) for opioid use disorder (OUD).**

We know buprenorphine is a first-line treatment for OUD.

But about half of US pharmacies report not having it in stock.

And concerns often pop up about regulations, misuse, etc.

Help overcome challenges. Patients who can't get buprenorphine for OUD are at risk of withdrawal, return to use, overdose, and death.

**Maintain adequate inventory.** Anticipate that most Rx's will be for sublingual buprenorphine/naloxone tabs or films...efficacy is similar.

Usually recommend titrating to an SL buprenorphine dose of 16 to 24 mg/day. But keep in mind, higher doses may be needed in some cases...such as in those with a history of fentanyl misuse. And FDA is proposing label changes to clarify that doses over 24 mg/day may be appropriate.

Be aware, there's no max duration of treatment. OUD is a chronic condition...similar to diabetes, hypertension, etc. And the longer that patients stay on buprenorphine...the lower their risk of relapse and death.

Contact your distributor if you have problems ordering buprenorphine due to their controlled substance purchase limits. They can provide info on submitting a threshold change request.

**Address other barriers to dispensing.** Remind staff that buprenorphine Rx's for OUD no longer require an "X" DEA number.

Continue to use your state's prescription drug monitoring program (PDMP) to support appropriate dispensing...but not as the final word.

For example, don't automatically deny Rx's with a potential red flag...such as paying cash or living a certain distance from the pharmacy or prescriber. Instead, think of these as prompts to investigate further.

Have an open discussion with the prescriber and patient to clarify any concerns...and carefully document the discussion and outcome. Continue to rely on your clinical judgement...and prioritize patient care.

**Help reduce stigma.** Use "person-first" language when talking to, or about, patients getting buprenorphine for OUD. For example, say "patient with a substance use disorder"...instead of "addict" or "drug abuser."

Provide and educate about naloxone or nalmefene in case of relapse.

Get guidance on induction doses, administration tips, and supportive services in our resource, Management of Opioid Use Disorder.

## Key References:

- Varisco T, Fish H, Bolin J, et al. The Pharmacy Access to Resources and Medication for Opioid Use Disorder (PhARMOUD) Guideline. University of Houston; 2024. doi: 10.52713/PhARM-OUD.
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<https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf> (Accessed January 8, 2025).

-Federal Registrar. Modifications to Labeling of Buprenorphine-Containing Transmucosal Products for the Treatment of Opioid Dependence. December 27, 2024 <https://www.fda.gov/drugs/drug-safety-and-availability/fda-recommends-changes-labeling-transmucosal-buprenorphine-products-indicated-treat-opioid-use> (Accessed January 8, 2025).

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