

# Reducing Barriers to Lifesaving Treatment: Report on the Findings from ASAM's Pharmacy Access Survey



**ASAM** American Society of  
Addiction Medicine

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# INTRODUCTION

In 2020, an estimated **9.5 million people in the United States misused opioids** (representing 3.4% of the population aged 12 or older), including 9.3 million people who misused pain relievers, and 902,000 who used heroin.<sup>1</sup> The 2020 National Survey of Drug Use and Health (NSDUH) further found that **2.7 million persons in America over age 12 met DSM-5 criteria for opioid use disorder**.<sup>2</sup> While OUD treatment options include pharmacotherapy with one of three medications—methadone, buprenorphine, or extended-release injectable naltrexone—evidence suggests that too many people are not able to access these life-saving medications.<sup>3</sup> Compounding this problem are recent reports from Addiction Specialist Physicians (ASPs)<sup>4</sup> and other practitioners that patients are facing increasing difficulties filling prescriptions for buprenorphine at pharmacies.

Research studies have bolstered these reports from practitioners. One Secret Shopper telephone survey of over 5,000 pharmacies in 11 states found that buprenorphine was available in just under half of pharmacies.<sup>5</sup> Another survey of pharmacies in the United States found that a fifth of pharmacies would not fill buprenorphine prescriptions with barriers to access more pronounced in independent pharmacies and pharmacies located in the Southern United States.<sup>6</sup> Meanwhile, another Secret Shopper Study in Texas found that most pharmacies were not immediately willing and able to dispense buprenorphine, with access issues most pronounced among independent pharmacies as compared to pharmacy chains.<sup>7</sup> A case study consisting of interviews with 14 pharmacists operating in 15 pharmacies in 12 rural counties in Kentucky found that most of those pharmacies had developed policies to reject some or all patients with legitimate buprenorphine prescriptions.<sup>8</sup>

Buprenorphine is an evidence-based treatment for OUD.<sup>9</sup> Notably, buprenorphine can be prescribed in office-based settings and dispensed at pharmacies, as well as dispensed from Opioid Treatment Programs (OTPs). As a partial opioid agonist, buprenorphine's pharmacological properties help to diminish the effects of physical dependency to opioids, decrease cravings, increase safety in cases of overdose, and lower the potential for opioid misuse.<sup>10</sup> The treatment of OUD with buprenorphine is tightly regulated. For instance, Drug Addiction Treatment Act of 2000 (DATA 2000) established a process allowing only specially qualified practitioners to obtain waivers to prescribe buprenorphine outside of OTPs. To further expand access to buprenorphine for OUD treatment, practitioner eligibility to obtain a DATA waiver was subsequently expanded under the Comprehensive Addiction and Recovery Act (CARA) and the Substance Use-Disorder Prevention Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, allowing nurse practitioners and physician assistants to apply for DATA waivers. Further, in April 2021, the U.S. Department of Health and Human Services (HHS) issued guidelines exempting 30 patient waiver practitioners from certain federal requirements, such as those related to training, counseling, and other ancillary services.<sup>11</sup>

However, qualified prescribers and their patients still face numerous obstacles accessing buprenorphine as evidenced by recent studies and anecdotal reports about pharmacy denials of buprenorphine prescriptions for the treatment of OUD. To better understand the barriers that practitioners are facing at the pharmacy counter when prescribing buprenorphine to treat OUD, as well as the impacts on patients, the American Society of Addiction Medicine conducted the Pharmacy Access Report. The survey was designed to capture practitioner's experiences with pharmacy denials and answer the following questions:

- 1** What obstacles are patients experiencing at the pharmacy counter when attempting to fill their prescription for the treatment of OUD?
- 2** What medications are impacted?
- 3** What are the primary reasons that pharmacies or pharmacists are declining to fill the prescription?
- 4** What reasons are pharmacies giving for not having adequate stock of the medications?
- 5** What delays are patients experiencing accessing their medications?
- 6** Are practitioners able to resolve these issues?

This report details the findings from the survey and highlights some of the narratives respondents shared about their experiences trying to get patients this life-saving medication.

## METHODOLOGY

**The survey was commissioned by ASAM's Practice Management and Regulatory Affairs Committee (PMRAC).** The survey was informed by self-reports of prescribers with increasing difficulties filling their prescriptions at pharmacies. The survey was distributed through ASAM, ASAM state chapters, and the federation of state medical societies. The survey was managed by ASAM staff using the SurveyMonkey platform. The survey was open from February 3, 2020 – September 20, 2022, with an overwhelming majority of responses received in 2022. All answers, from both physicians and other clinicians, are included in this analysis.

## SURVEY RESPONSES

A total of **191 prescribers from across 32 states in the United States responded to the survey.** A very small percentage reported having no issues with their prescriptions at retail pharmacies. Clinicians self-reported all survey responses and through their participation in the survey acknowledged their legal authority to prescribe controlled medications. Respondents were allowed to leave individual questions unanswered. For this reason, response volumes vary from question to question.

## SUMMARY OF FINDINGS

This survey focused only on medications for the treatment of substance use disorder (SUD) that can be dispensed in the pharmacy setting. Medications for SUD that are administered or dispensed in office or facility settings were not included in this survey. Overall, the survey found that respondents experience a variety of issues when prescribing medications for the treatment of SUD that are dispensed at a pharmacy, including (1) the pharmacy or pharmacist declined to fill the prescription, (2) the pharmacy was unable to fill the prescription due to inadequate stock, and (3) the patient's insurance company declined coverage for the prescription.

Buprenorphine/naloxone and buprenorphine monoproprietary were the most common medications cited in the survey, and the most common obstacle reported to their dispensing was that the pharmacy or pharmacist declined to fill the prescription (45%). Another 41% of respondents reported that the pharmacy was unable to fill those prescriptions due to an inadequate stock of the prescribed medication. Only 8% of respondents reported that an insurance issue was at the heart of their patient's inability to access those prescriptions.

## **SUMMARY OF FINDINGS, cont.**

When asked what was the primary reason that the pharmacy or pharmacist declined to fill a prescription for buprenorphine, respondents reported that the pharmacy/pharmacist was concerned that the prescription was clinically inappropriate or had other misconceptions about the nature of addiction medications (16%). Another 25% reported being informed that the pharmacy had a policy not to fill prescriptions for buprenorphine. 14% reported the pharmacist/pharmacy believed that the DEA has instituted a cap on the supply of the medication.

Although most respondents were able to eventually get their prescriptions filled, 65% of respondents reported that patients had to go to another pharmacy to fill their buprenorphine prescription. 14% were unable to get the prescription filled. The most common length of patient delay in getting their buprenorphine prescription was 24-48 hours (33%), although 27% of respondents reported that their patients experienced a delay more than 48 hours.

82% of reports from prescribers overall involved a large retail chain pharmacy, while just 18% involved a small or independent pharmacy. 49% of reports came from just 5 states: Indiana (31), Texas (16), Tennessee (14), Florida (14), and Illinois (10). The remaining 51% of reports came from 27 other states with less than 10 reports each.

Additional information and charts can be found in the detailed tables section at the end of the report.

# DISCUSSION

There are a variety of **reasons why patients encounter difficulty accessing prescriptions to treat addiction at pharmacies**. Below is a list of contributors based on both research and anecdotal reports from ASAM's pharmacy access survey:

## Role of the DEA

As a controlled substance, buprenorphine is subject to strict scrutiny from the Drug Enforcement Administration (DEA). While the DEA publicly supports MOUD, many pharmacies fear the consequences of violating DEA rules and may decide to alleviate risk by not stocking buprenorphine as a result.

## Suspicious Orders

Pharmacies ordering large quantities of buprenorphine may be flagged by wholesalers or suppliers if their orders are above a prespecified threshold.<sup>12</sup> Therefore, pharmacies may limit or decide not to stock controlled substances, including buprenorphine in order to avoid triggering suspicious activity and a DEA investigation.<sup>13</sup>

## Pharmacy Policy

Based upon ASAM's pharmacy survey, prescribers report being relayed information that some chain pharmacies have a policy not to fill prescriptions for certain medications, including buprenorphine.

## Fear of Diversion

Diversion of buprenorphine is a concern for pharmacists, and they may seek to prevent it by restricting access.<sup>14</sup>

## Financial Concerns

Many independent pharmacies cite financial concerns, including risks associated with DEA scrutiny, patient retention, and Medicaid, as motivators for limiting buprenorphine stock or refusing to stock it altogether.<sup>15</sup>

## Stigma

According to some studies, some pharmacists hold stigmatizing views towards people with addiction. As a result, they may perceive them as undesirable customers and refuse service.<sup>16, 17</sup>

## DISCUSSION, cont.

The findings in this report support recent studies that have shown that patients are experiencing increasing barriers to accessing their OUD medications. This is especially true for prescribers of buprenorphine and buprenorphine/naloxone. Despite advancements to eliminate barriers to access, physicians and other practitioners are reporting alarming new barriers that have potentially adverse outcomes for patients. 191 reports across 32 states mean that practitioners in more than half of the country are experiencing similar issues. **The most concerning datapoint is that patients are being forced to endure longer wait times to receive their medication, which could lead to a devastating outcome such as overdose or even death.**

This report finds that the inadequate stocking of medications (particularly for mono and combo products of buprenorphine), as well as pharmacist refusal to fill medications are fueling barriers to accessing medications. While all medications are impacted, buprenorphine is disproportionately impacted (Disulfiram and Acomprosate represent less <1% of survey responses, while oral Naltrexone and Varenicline constituted 0% of reports). Additionally, this report indicates that some pharmacies may have corporate policies that prohibit the dispensing of buprenorphine for OUD. This trend is especially concerning given that in some rural areas where OUD is prevalent, the only pharmacy available to residents may severely restrict access.

Finally, this report also highlights and supports the findings of some studies that observe that some pharmacists may have a misunderstanding about the nature and use of controlled medications to treat addiction, particularly buprenorphine. Addressing these misunderstandings are crucial to ensuring that patients with SUD have access to these lifesaving medications.

**Urgent action from federal, state, and relevant medical and pharmacy associations is needed to avert the most serious consequences.**



## CONCLUSION

This report focused on clinician experiences reinforced some findings from other studies and uncovered others regarding barriers to access at pharmacies for medications to treat addiction. **The survey found that prescriptions of buprenorphine products are disproportionately impacted by barriers at the pharmacy.** Federal and state policymakers, as well as relevant medical and pharmacy associations, should consider actions to alleviate the concerning trend of barriers to addiction medications at the pharmacy counter, as identified in this report and others.

*These actions should address:*



Factors impacting the adequate supply of buprenorphine at pharmacies



Any corporate policy specifically limiting access to addiction medications, especially buprenorphine



Pharmacist's knowledge of addiction medications, particularly buprenorphine



Guidance to prescribers on how to address pharmacist's refusal or inability to fill a prescription for buprenorphine



Action to limit delays experienced by patients in filling a prescription for an addiction medication, particularly for buprenorphine.

## DETAILED TABLES

### Q: What state is the pharmacy located in?

State	Number of Reports	Number of Reports– buprenorphine and buprenorphine/naloxone combo product
AL	0	0
AK	1	1
AZ	2	2
AR	0	0
CA	6	5
CO	0	0
CT	1	1
DE	4	1
DC	0	0
FL	14	12
GA	2	2
HI	0	0
ID	0	0
IL	10	6
IN	31	27
IA	0	0
KS	0	0
KY	4	2
LA	9	7
ME	0	0
MD	2	0
MA	5	5
MI	4	3
MN	0	0
MS	1	0
MO	0	0
MT	0	0

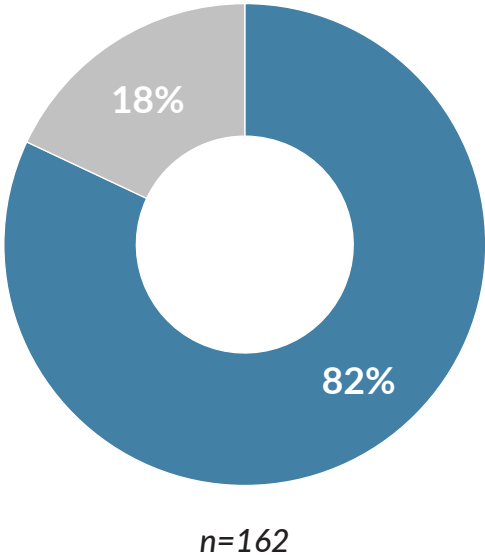
State	Number of Reports	Number of Reports– buprenorphine and buprenorphine/naloxone combo product
NE	1	0
NV	3	0
NH	2	2
NJ	2	1
NM	0	0
NY	5	5
NC	1	1
ND	0	0
OH	3	1
OK	2	2
OR	1	0
PA	6	6
RI	0	0
SC	6	4
SD	0	0
TN	14	9
TX	16	10
UT	1	1
VT	0	1
VA	4	2
WA	3	3
WV	0	0
WI	5	5
WY	0	0
Unlisted	20	8
Total	191	145

Some survey questions were omitted due to limited responses. These questions include: 1. In what city is the pharmacy located? 2. Are you a member of ASAM? 3. If you know the name of the wholesale distributor that the pharmacy uses for this medication please list it here. 4. Please list your name and email below if you are willing to discuss this incident with ASAM staff. 5. Is there anything else that ASAM should know?

**Q: What is the type of pharmacy?**

Type of Pharmacy

- Large retail chain pharmacy (82%)
- Small retail pharmacy (18%)

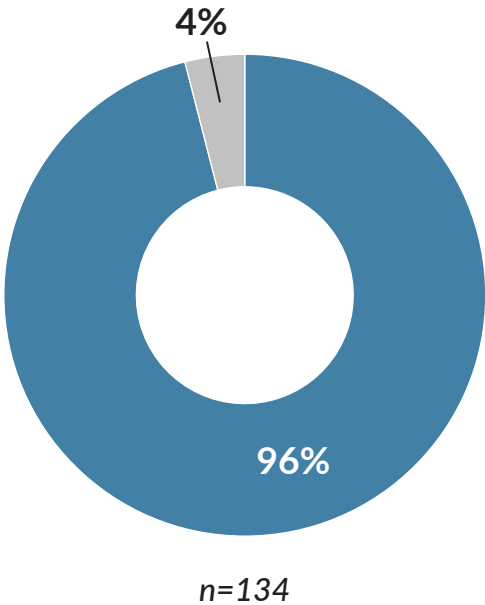


\*Survey respondents were asked to list the name of the pharmacy, but names of the pharmacies were subsequently amalgamated as either a large or small retail chain pharmacy.

**Q: What is the type of pharmacy? – Buprenorphine/naloxone and buprenorphine monoproduct**

Type of Pharmacy

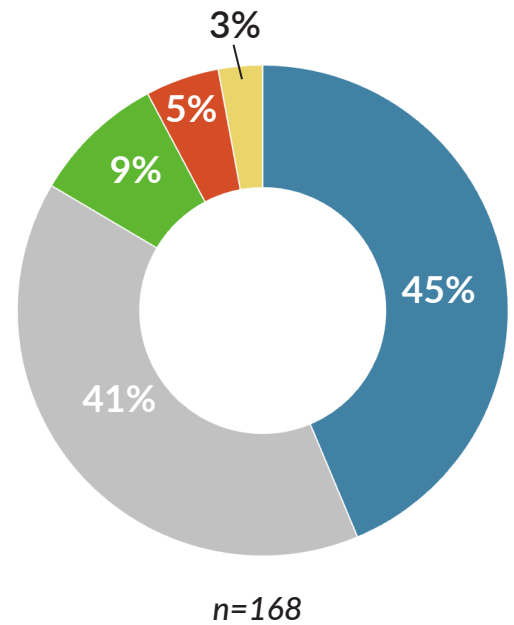
- Large retail chain pharmacy (96%)
- Small retail pharmacy (4%)



### Q: What obstacle did the patient face at the pharmacy?\*

#### Obstacle

- The pharmacy or pharmacist declined to fill the prescription. (45%)
- The pharmacy was unable to fill the prescription due to inadequate stock. (41%)
- The patient's insurance company declined coverage for the prescription. (9%)
- Other (5%)
- All the above (3%)

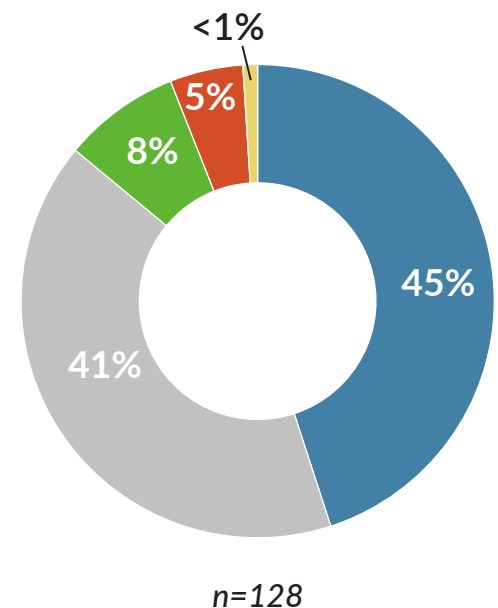


\* Percentages do not total 100% due to rounding

### Q: What obstacle did the patient face at the pharmacy? – Buprenorphine/naloxone and buprenorphine monoprodu

#### Obstacle

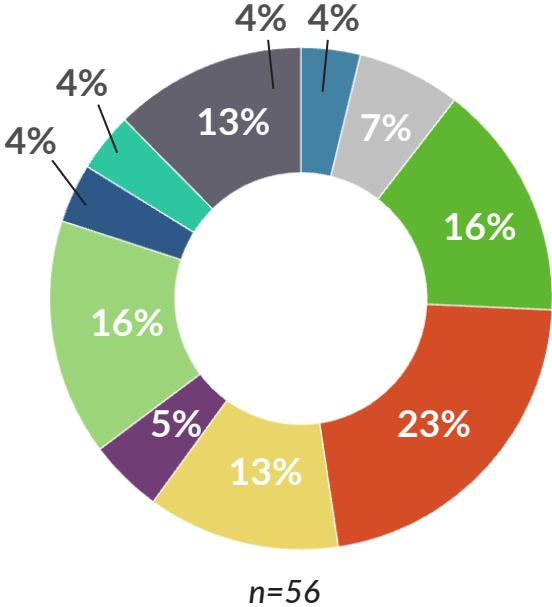
- The pharmacy or pharmacist declined to fill the prescription. (45%)
- The pharmacy was unable to fill the prescription due to inadequate stock. (41%)
- The patient's insurance company declined coverage for the prescription. (8%)
- Other (5%)
- All the above (<1%)



**Q: What was the primary reason that the pharmacy or pharmacist declined to fill the prescription?\***

Primary Reason

- They were concerned that the patient may divert the medication. (4%)
- They no longer accept my controlled substance prescriptions. (7%)
- They were concerned that the prescription was clinically inappropriate or had other misconceptions about the nature of medications to treat addiction. (16%)
- They have a policy to not fill prescriptions of this medication. (23%)
- They believe the DEA has instituted a cap on the supply of this medication. (13%)
- The pharmacy’s wholesale distributor has instituted a cap on the amount of this medication that the pharmacy may order. (5%)
- I don’t know. (16%)
- They report an issue with the insurer covering the prescribed dose. (4%)
- The pharmacy no longer accepts prescriptions issued in the course of an office visit conducted via telehealth. (4%)
- Other (13%)

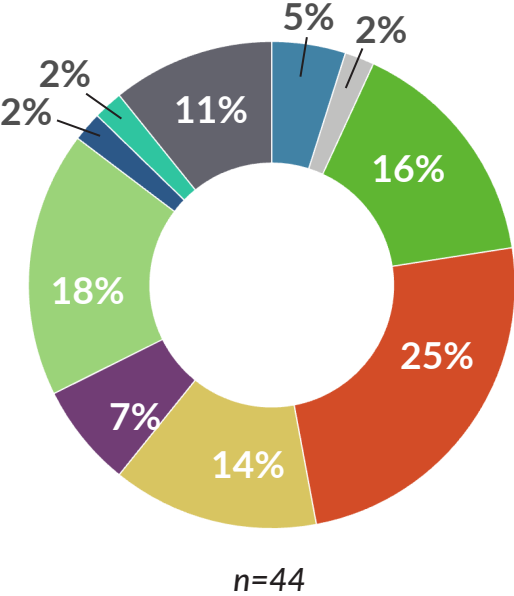


\* Percentages do not total 100% due to rounding

**Q: What was the primary reason that the pharmacy or pharmacist declined to fill the prescription? – Buprenorphine/naloxone and buprenorphine monoprodukt\***

Primary Reason

- They were concerned that the patient may divert the medication. (5%)
- They no longer accept my controlled substance prescriptions. (2%)
- They were concerned that the prescription was clinically inappropriate or had other misconceptions about the nature of medications to treat addiction. (16%)
- They have a policy to not fill prescriptions of this medication. (25%)
- They believe the DEA has instituted a cap on the supply of this medication. (14%)
- The pharmacy’s wholesale distributor has instituted a cap on the amount of this medication that the pharmacy may order. (7%)
- I don’t know. (18%)
- They report an issue with the insurer covering the prescribed dose. (2%)
- The pharmacy no longer accepts prescriptions issued in the course of an office visit conducted via telehealth. (2%)
- Other (11%)

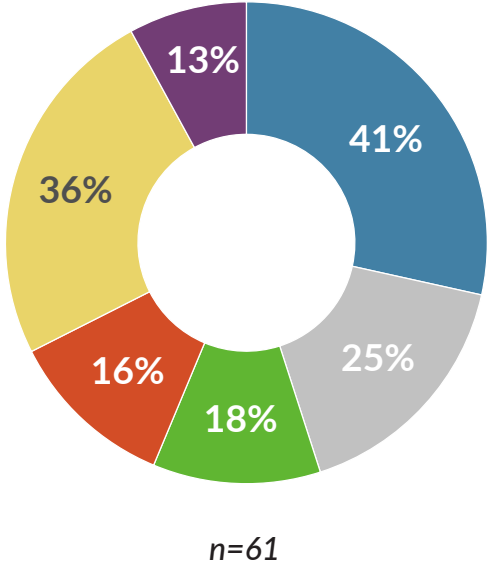


\*Percentages do not total 100% due to rounding

**Q: What reason did the pharmacy give for not having adequate stock of the medication?\***

Primary Reason

- There is a supplier shortage or manufacturing issue. (41%)
- The pharmacy’s wholesale supplier has limited the amount of the medication that the pharmacy may order or stock. (25%)
- They believe the DEA has instituted a cap on the supply of the medication. (18%)
- The pharmacy has experienced higher than expected demand. (16%)
- I don’t know/Unclear (36%)
- Other (13%)

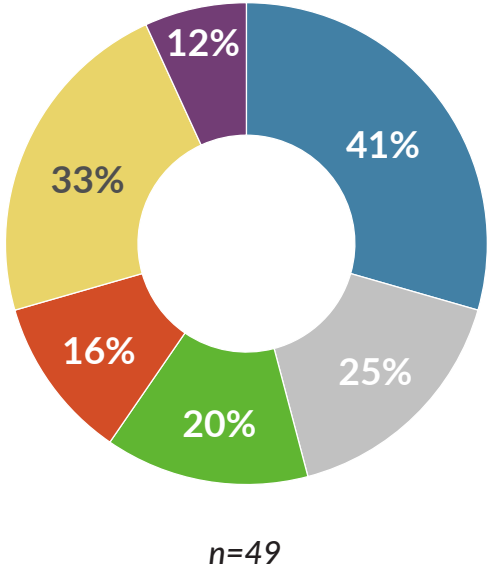


\* Percentages do not total 100% due to rounding

**Q: What reason did the pharmacy give for not having adequate stock of the medication? – Buprenorphine/naloxone and buprenorphine monoproduct\***

Primary Reason

- There is a supplier shortage or manufacturing issue. (41%)
- The pharmacy’s wholesale supplier has limited the amount of the medication that the pharmacy may order or stock. (25%)
- They believe the DEA has instituted a cap on the supply of the medication. (20%)
- The pharmacy has experienced higher than expected demand. (16%)
- I don’t know/Unclear (33%)
- Other (12%)



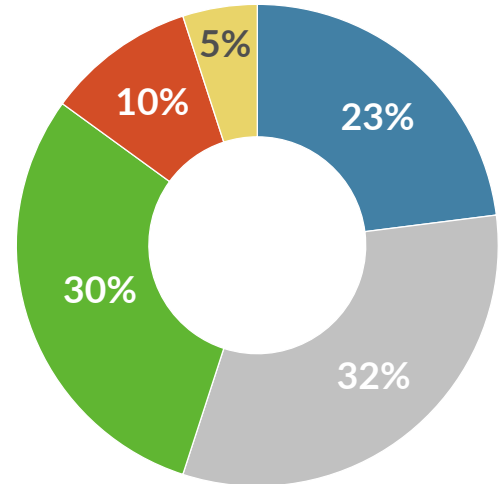
\* Percentages do not total 100% due to rounding



## Q: Did the patient experience a delay in accessing their medication?

### Time delayed?

- Yes - less than 24 hrs. (23%)
- Yes- between 24-48 hrs. (32%)
- Yes - more than 48 hrs. (30%)
- No (10%)
- Unknown (5%)

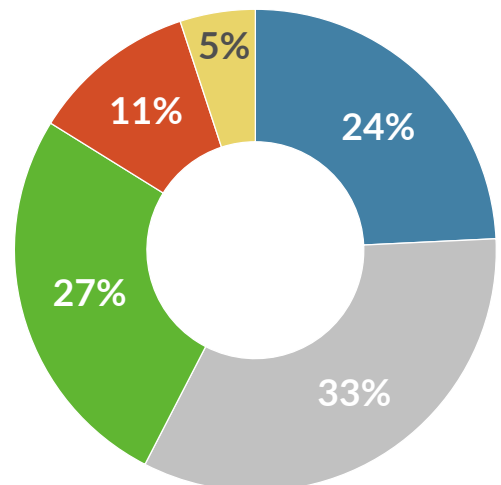


n=148

## Q: Did the patient experience a delay in accessing their medication? - Buprenorphine/naloxone and buprenorphine monoprodukt

### Time delayed?

- Yes - less than 24 hrs. (24%)
- Yes- between 24-48 hrs. (33%)
- Yes - more than 48 hrs. (27%)
- No (11%)
- Unknown (5%)

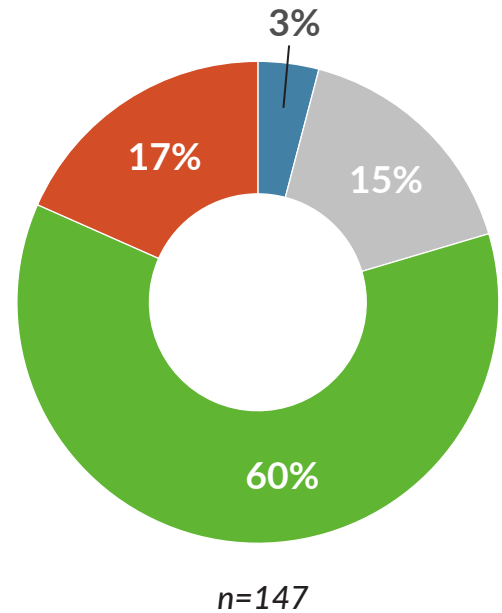


n=112

## Q: Were you able to resolve the issue?

### Resolved?

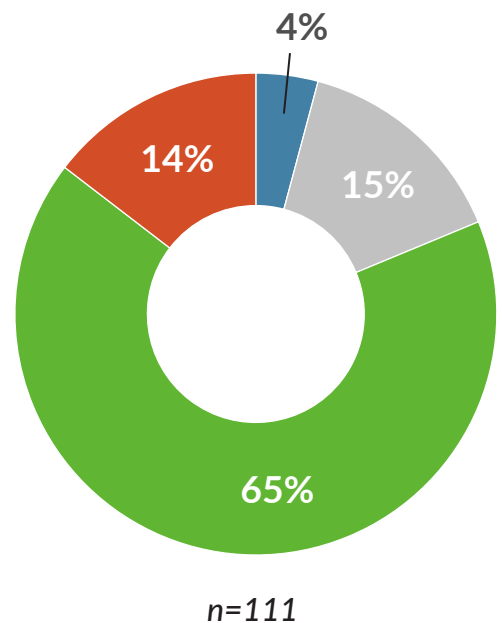
- Yes - a different medication was prescribed. (3%)
- Yes - the pharmacy ultimately dispensed the originally prescribed medication. (15%)
- Yes - the patient received the medication at a different pharmacy. (60%)
- No (17%)



## Q: Were you able to resolve the issue? – Buprenorphine/naloxone and buprenorphine monoproduct

### Resolved?

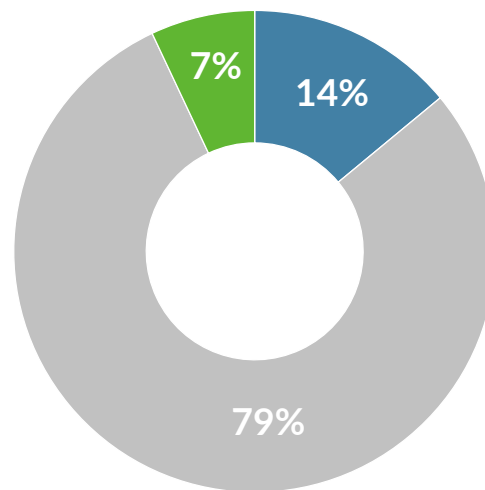
- Yes - a different medication was prescribed. (4%)
- Yes - the pharmacy ultimately dispensed the originally prescribed medication. (15%)
- Yes - the patient received the medication at a different pharmacy. (65%)
- No (14%)



**Q: Is this the first time that a patient of yours has faced this issue at this particular pharmacy?**

First time?

- Yes (14%)
- No (79%)
- I don't know (7%)

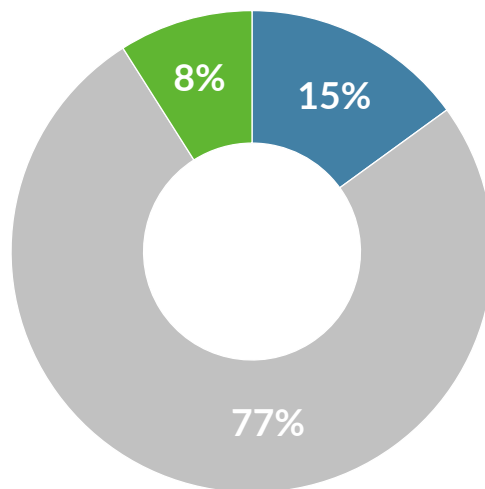


n=146

**Q: Is this the first time that a patient of yours has faced this issue at this particular pharmacy? – Buprenorphine/naloxone and buprenorphine monoproduct**

First time?

- Yes (15%)
- No (77%)
- I don't know (8%)

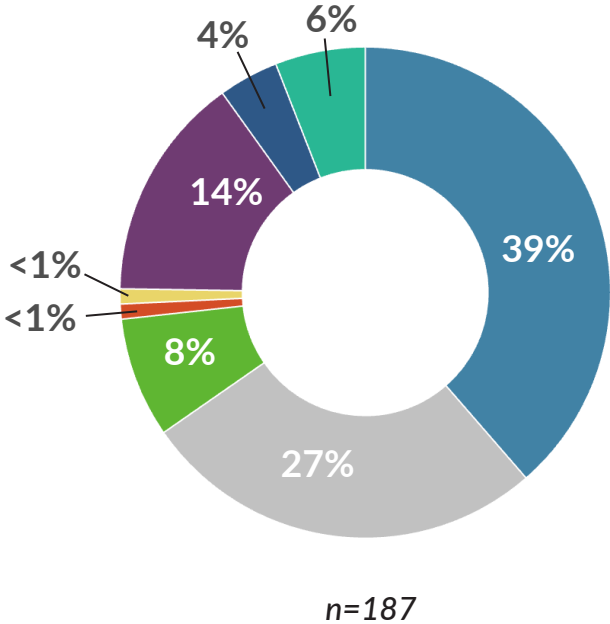


n=111

**Q: What medication did you prescribe?**

Medication

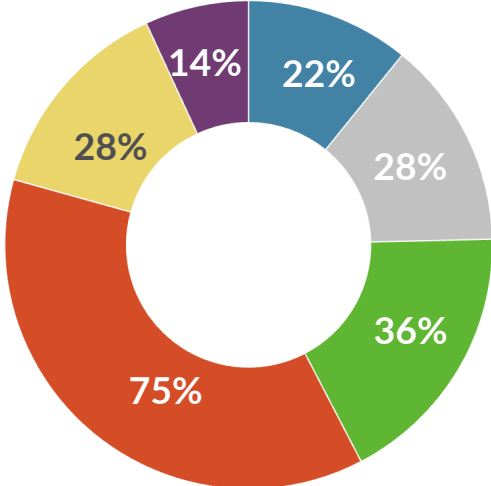
- Buprenorphine/naloxone film (39%)
- Buprenorphine/naloxone tablet (27%)
- Buprenorphine mono-product (8%)
- Naltrexone (oral) (0%)
- Disulfiram (<1%)
- Acomprosate (<1%)
- Varenicline (0%)
- Multiple, including buprenorphine mono-product (14%)
- Multiple, not including buprenorphine mono-product (4%)
- Other (6%)



**Q: Which, if any, of the following characteristics apply to the patient?\***

Characteristic

- The patient is pregnant. (22%)
- The patient is uninsured. (28%)
- The patient is under-insured or otherwise struggles to afford their medication. (36%)
- The patient has been stable on their medication for a number of months. (75%)
- The patient has a contraindication for buprenorphine/naloxone. (28%)
- Other (14%)



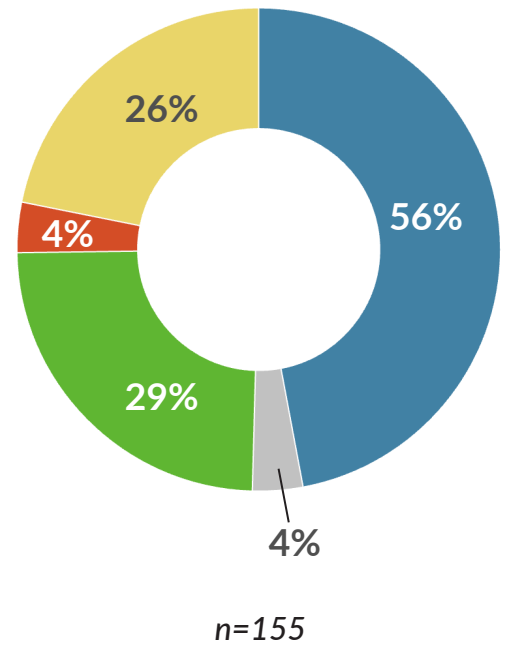
n=36

\* Percentages do not total 100% as participants were allowed to select more than one reason.

**Q: Do you have an existing relationship with this pharmacy or pharmacist?\***

**Relationship?**

- Yes – they are aware that my practice includes the treatment of addiction medicine. (56%)
- Yes – I have spoken to them previously, but not about a medication for the treatment of addiction. (4%)
- Yes – they have previously filled my prescriptions for this medication or for another medication to treat addiction. (29%)
- Yes – other (4%)
- No (26%)

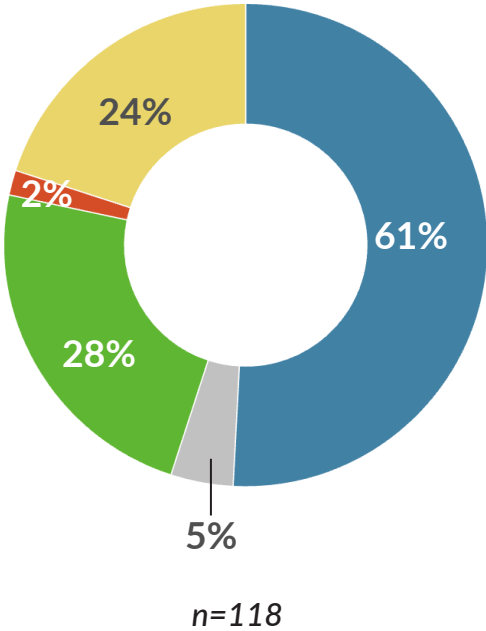


\* Percentages do not total 100% due to rounding

**Q: Do you have an existing relationship with this pharmacy or pharmacist? – Buprenorphine/naloxone and buprenorphine monoprodukt\***

Relationship?

- Yes – they are aware that my practice includes the treatment of addiction medicine. (61%)
- Yes – I have spoken to them previously, but not about a medication for the treatment of addiction. (5%)
- Yes – they have previously filled my prescriptions for this medication or for another medication to treat addiction. (28%)
- Yes – other (2%)
- No (24%)



\* Percentages do not total 100%

## ANECDOTES

“The patient (who has been stable on bupe for several months now) specifically expressed concern that someone else earlier in their recovery journey may not have been able to advocate for themselves and their needs and may have just given up and left the pharmacy without their medication. He also did ultimately end up having to switch pharmacies as when he went back for his next refill he was given a lecture by a pharmacist who had not been involved in the original situation about not “raising his voice at staff” if he wanted to be able to continue to get his prescriptions filled.” – **Washington**

“I am having increasing difficulty in obtaining medication, especially buprenorphine, for my patients from all the pharmacies in my area.” – **Texas**

“Right now in our town only one retail chain and a small independent pharmacy are dispensing buprenorphine. If that stops, we’re in a crisis situation.” – **South Carolina**

“I listed a number of pharmacies because I’ve had this happen probably 20-30 times with all of those pharmacies. Out of ALL of Harris Co., in the last 6 months of prescribing, I’ve only found 20 pharmacies that will dispense it so far...Currently, less than 20 % of Houston pharmacies will dispense it.” – **Texas**

“Most pharmacies state the DEA has limited the amount they can distribute or get “red flagged.” The state Medicaid agency requires brand name suboxone films, then dropped the 30 day supply reimbursement by \$20. Medicaid will not approve generic films.” – **Louisiana**

“I have experienced every problem listed with one or more patients. We have the patients call to find a pharmacy that will fill their prescriptions prior to their appointment. Most pharmacies within an hour of our clinic are not accepting new patients.” – **Tennessee**

“The pharmacist is stating that the DEA restricts the amount of controlled substances that the pharmacy is allowed to dispense monthly. He states they have reached their quota for the month.” – **Florida**

“I had increased the patient from 1.75 tabs of buprenorphine/naloxone to 2 tabs due to issues I assessed during her appointment. Pharmacist told the patient she should be going down in her dose and not up and then called my office to question me on my order. I had e-scribed the order. The patient told me that the pharmacist and staff talked loud enough for other customers to hear that she was obtaining a prescription for opioid use disorder. My patient felt very embarrassed by this.” – **Kentucky**

“Most privately owned pharmacies in Scranton, PA refuse our buprenorphine prescriptions.” – **Pennsylvania**



## CITATIONS

<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

<sup>2</sup> Ibid

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