

Benefit of Pharmacy-Provided Naltrexone Injection Services for APNPs Offering Medication Treatment for Opioid Use Disorder: Resources from a Pharmacy/Nursing Collaborative

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Introduction

Morbidity and mortality related to the use of prescription opioid medications, as well as from the use of heroin and illicitly-manufactured fentanyl, have represented a national public health problem for more than two decades.¹ The staggering public health impact of opioid misuse has only worsened in recent years and especially during the COVID-19 pandemic. In fact, in Wisconsin the death rate from any opioid was 21.1 per 100,000 in 2020 (the most recent year available),² while the hospitalization rate was 51.9 per 100,000 for the same year. When examined longitudinally, the number of people dying from opioids rose sharply in April 2020 (soon after public health initiatives were implemented in response to COVID-19) and remained elevated throughout 2020 and 2021.² These increased and sustained rates justify more widespread and systematic efforts to mitigate opioid-related harms.

Practitioners have a particularly important role in reducing opioid-related morbidity and mortality through their authority to administer, dispense, and prescribe medications to treat opioid use disorders (OUD). Current prescription medications for opioid use disorders (MOUD) are methadone (e.g., MethadoseTM), naltrexone (e.g., Vivitrol[®]), and buprenorphine (e.g., Buprenex,[®] Suboxone[®]), but the regulatory requirements are vastly different for each. Methadone can only be administered or dispensed as part of a separately-registered opioid treatment program from the U.S. Drug Enforcement Administration (DEA);³ practitioners are prohibited from using methadone to treat OUD within their general license or controlled substance registration. In addition, practitioners can only administer, dispense, or prescribe buprenorphine as an OUD treatment if they possess a controlled substance registration from the DEA and submit a notification of intent (also called a buprenorphine waiver application).^{4,5} As a result, naltrexone is the only MOUD that is not subject to additional regulatory restrictions and is not a controlled substance. These characteristics have the potential to position naltrexone as an appealing option for the general practitioner to treat OUD.

Nurse and Pharmacist Roles in and Resources for Naltrexone-Based MOUD

In Wisconsin, Advanced Practice Nurse Prescribers (APNPs) have prescriptive authority⁶ and commonly provide MOUD to patients with an OUD. Our team partnered with the Wisconsin Health Information Organization (WHIO), a public-private data mart,⁷ to extract data, similar to other initiatives, on longitudinal opioid medication prescribing.⁸⁻¹⁰ From 2017 to 2020, internal WHIO insurance claims data suggests that APNPs are the primary prescriber of Vivitrol[®] (issuing 29% of all dispensed prescriptions) and are the second-highest prescriber of generic oral naltrexone (issuing 22.7% of all dispensed prescriptions) in Wisconsin (Table 1). In Wisconsin, APNPs play an important role in facilitating access to naltrexone for MOUD. However, national data demonstrate that only 11.2% of individuals with an OUD received a MOUD in the past year.¹¹ Nationally, it appears that, despite the availability of naltrexone as a form of MOUD that does not require fulfilling special regulatory requirements, its current use is not prevalent.

In addition to practitioners, community pharmacists are one of the most accessible health care providers, especially in rural areas.¹² Community pharmacists are uniquely positioned to support other health care providers (e.g., physicians, nurse practitioners) in the community and serve as access points for addressing the opioid crisis in Wisconsin. Since 2018, the University of Wisconsin-Madison School of Pharmacy (UWSOP) has explored methods to strengthen the position of the community pharmacist in MOUD to individuals with an OUD.¹³ This need was further quantified in 2019, when a UWSOP survey of state pharmacists demonstrated the extent of their role in various OUD prevention and treatment activities.¹⁴ For example, although over two-thirds of responding pharmacists were involved in dispensing buprenorphine for OUD, only one-third reported providing naltrexone injections¹⁴ (indicating an average of 20 injections per year per pharmacy). This low prevalence translates to fewer than two patients consistently covered by a monthly naltrexone injection per pharmacy.

It is clear that MOUD treatment need is great in the face of this staggering public health problem. Now seems an auspicious time to more methodically and broadly communicate the potential benefits of community pharmacists' involvement in the clinical realm of treating OUD. With this goal in mind, members of the UWSOP created an informational brochure that community pharmacists can use as a resource to enhance practitioner awareness of pharmacists' unique capabilities for contributing to MOUD services.¹⁵ Table 2 lists the overall advantages of pharmacy-based naltrexone services, including: (1) the ways that pharmacists are prepared to provide MOUD (e.g., having specialized training in administering naltrexone injections), (2) benefits that are specific to prescribers (e.g., reductions in client treatment load), (3) patient expectations (e.g., the pharmacist will talk to the patient about the treatment, which includes monitoring for adverse reactions), and (4) patient benefits (e.g., treatment in pharmacy can reduce stigma). Cumulatively, these characteristics position community pharmacists as strong potential sources of MOUD services statewide.

Taken together, it is apparent that increasing APNP and pharmacist involvement in OUD-related services is a promising way to expand MOUD, particularly naltrexone treatment. Further, collaborations between APNPs and community pharmacists may prove synergistic. Therefore, the UWSOP, in collaboration with faculty from the School of Nursing, have developed several resources to provide prescribers with guidance about and benefits of collaborating with community pharmacists to deliver MOUD:

- **Injectable Naltrexone Best Practices Guide:** compiles best practices associated with community pharmacist delivered naltrexone injections and provides APNPs with an overview of the service in the community (<https://tinyurl.com/8fdr8t9x>).
- **Injectable Naltrexone Process:** shares an overview of the steps¹⁶ associated with the delivery of a naltrexone injection in a community pharmacy (<https://tinyurl.com/493ed8uu>).
- **Peer experiences:** provides APNPs' reflections on their experiences with community pharmacists that have provided naltrexone injections by listening to "Hear What Providers Have to Say About Pharmacy-Provided Injectable Naltrexone" section of this page (<https://tinyurl.com/yc526dbc>).

Conclusions

The resources provided in this paper represent an academic partnership between pharmacy and nursing, with the goal of establishing or strengthening the professional practice partnerships between pharmacists and nurses committed to providing MOUD services to help mitigate the harms of OUD. Information contained in these resources was generated through a systematic process of comprehensive literature reviews, semi-structured interviews with key stakeholders (e.g., pharmacists, nurses, and physicians), and expert review and validation, to ensure completeness and representativeness of the educational content. These resource-development projects are based on the core belief that APNP-community pharmacist partnerships can broaden treatment networks and expand the number of patients with OUD who can more readily receive MOUD. As demonstrated above, APNPs already provide the majority of naltrexone prescriptions in Wisconsin, indicating that they play a key role in MOUD distribution. Statewide surveys also suggest that pharmacists' roles in providing MOUDs are expanding, and can help enhance the positive impact of APNPs by making MOUDs available with greater flexibility and accessibility. Effective and sustained practitioner collaboration is essential to offering the comprehensive medication and counseling services that are most beneficial for the treatment of individuals with OUD.

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