

2024 Arkansas Pharmacy Community Knowledge, Attitudes, and Practice (KAP) Survey: Buprenorphine and Naloxone



Laura Cima, PharmD
Prescription Drug Monitoring Program
Arkansas Department of Health

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A bit of background ...



2017

Act 284 of 2017 allowed pharmacists in Arkansas to dispense naloxone without a prescription to:

- A person at risk of experiencing an opioid-related drug overdose;
- A pain management clinic;
- A harm reduction organization;
- An emergency medical services technician;
- A first responder;
- A law enforcement officer or agency;
- An employee of the State Crime Laboratory; or
- A family member or friend of a person at risk of experiencing an opioid-related drug overdose.

As Engrossed: S2/14/17

SB162

1 (g) A general written protocol under
2 subdivisions (16)(A)(i)(c) and (e) of this section and patient-specific
3 orders or prescriptions under subdivisions (16)(A)(i)(d) and (f) of this
4 section shall be from a physician licensed by the Arkansas State Medical
5 Board and practicing in Arkansas or within fifty (50) miles of the Arkansas
6 border.

7 (h) Pursuant to a statewide protocol, a
8 pharmacist may initiate therapy and administer or dispense, or both,
9 Naloxone;

10
11 SECTION 3. Arkansas Code § 17-92-101, concerning definitions relating
12 to pharmacists and pharmacies, is amended to add an additional subdivision to
13 read as follows:

14 (24) "Statewide protocol" means a standardized procedure or
15 protocol approved by the Arkansas State Board of Pharmacy and the Arkansas
16 State Medical Board authorizing a pharmacist to initiate therapy and
17 administer or dispense, or both, a drug or device.

18
19 SECTION 4. Arkansas Code Title 17, Chapter 92, Subchapter 1, is
20 amended to add an additional section to read as follows:

21 17-92-115. Requirements for administering and dispensing under a
22 statewide protocol.

23 When initiating therapy and administering or dispensing, or both, under
24 a statewide protocol, a pharmacist shall:

25 (1) Notify the primary care provider of the patient of any drug
26 or device furnished to the patient or enter the appropriate information in a
27 patient record system shared with the primary care provider, as permitted by
28 the primary care provider;

29 (2) Provide the patient with a written record of the drugs or
30 devices furnished and advise the patient to consult a physician of the
31 patient's choice, if the patient does not have a primary care provider; and

32 (3)(A) Make a standardized fact sheet available to the recipient
33 of the drug or device.

34 (B) The standardized fact sheet shall include without
35 limitation:

36 (i) The indications and contraindications for the



A bit of background continued...

2017

2020

Prior Authorization Transparency Act, AR Code § 23-99-1119.
Medication-assisted treatment for opioid addiction



Prohibits specific healthcare insurers, including Medicaid from requiring prior authorizations in order for a patient to obtain coverage of buprenorphine and related products approved for the treatment or detoxification of opioid and alcohol addiction among other things



A bit of background continued...



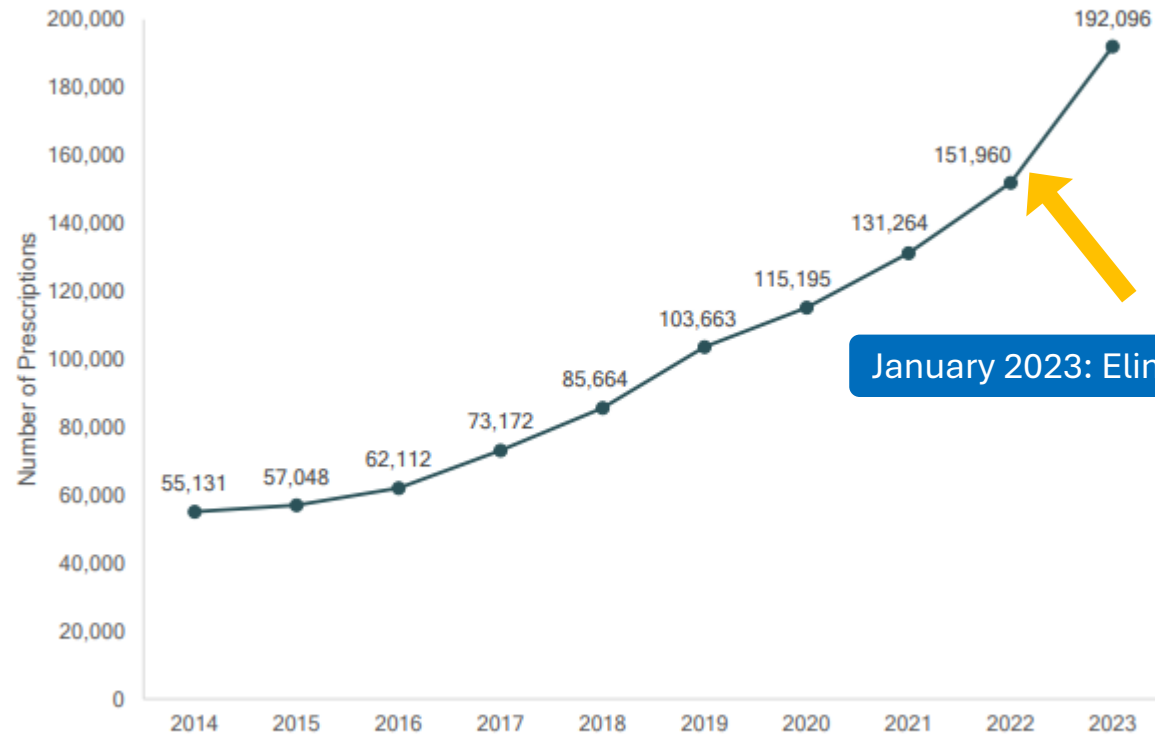
2017

2020

2023

In December 2022, Congress passed the **Consolidated Appropriations Act of 2023**, which eliminated the DEA's "X" waiver registration requirement for practitioners prescribing buprenorphine to treat Opioid Use Disorder (OUD).

Buprenorphine Prescriptions* for AR Residents by AR Prescribers by year, Arkansas 2014-2023



January 2023: Elimination of the X-Waiver

Source: AR PDMP

*Includes all buprenorphine-containing products

A bit of background ...

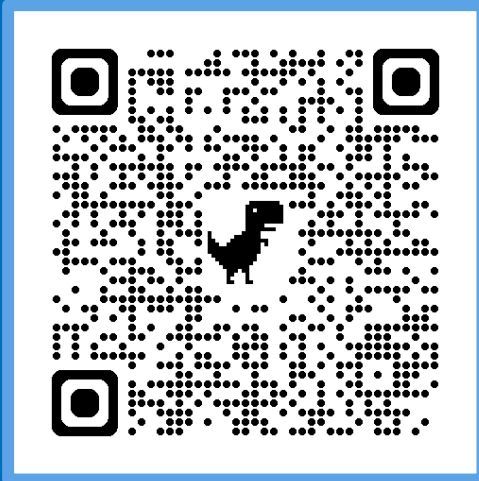


2017

2020

2023

2024



The naloxone standing order was updated to allow an Arkansas licensed pharmacist to prescribe, dispense and supply **any fast-acting opioid antagonist**

In addition to naloxone....

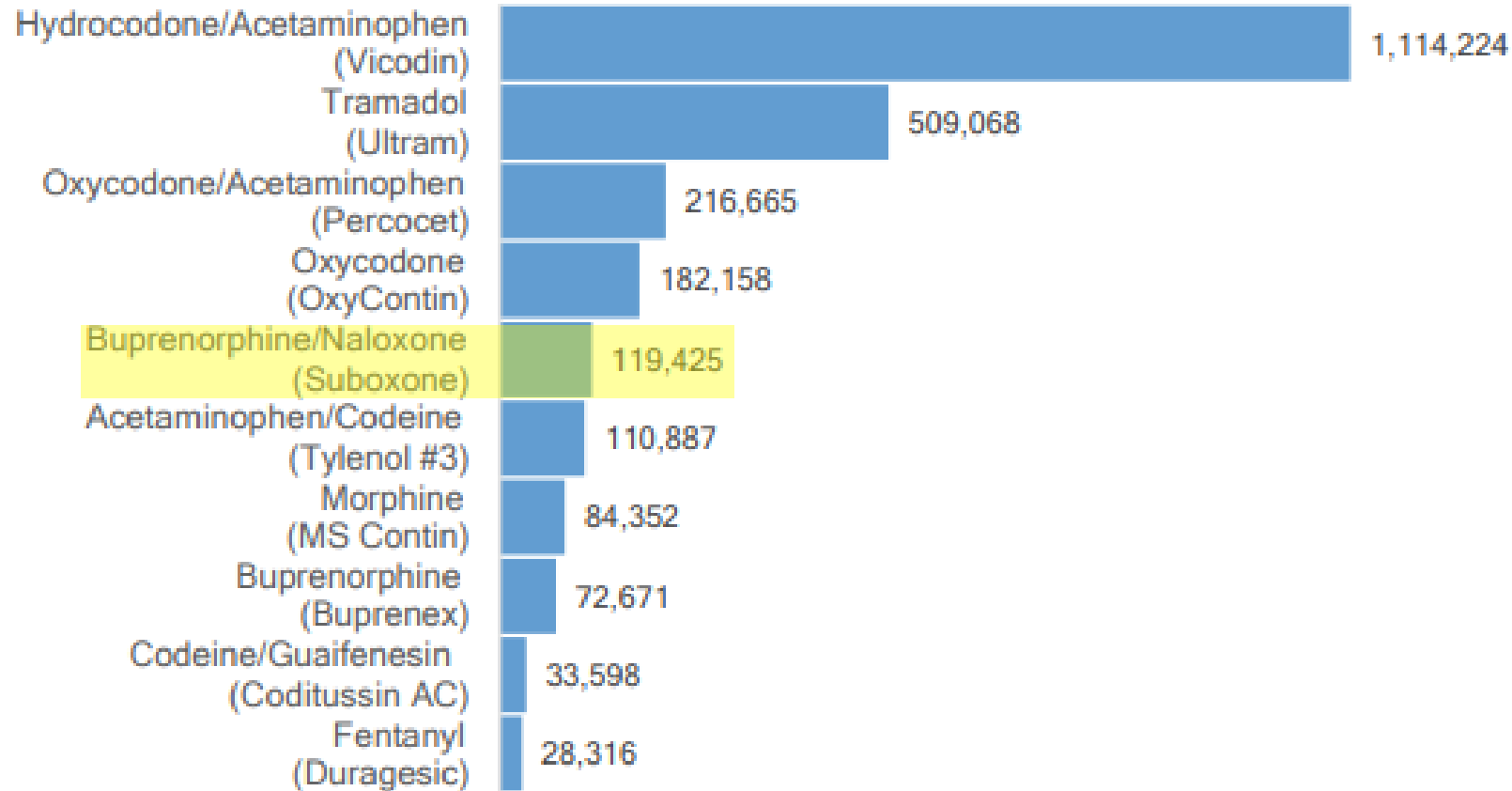
A healthcare professional acting in good faith may directly or by standing order prescribe, dispense, and supply an opioid antagonist to:

- (1) A person at risk of experiencing an opioid-related drug overdose;
- (2) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose;
- (3) An individual who is employed or contracted by a public or private organization, including without limitation:
 - (A) A state, municipal, or county entity;
 - (B) A hospital or clinic;
 - (C) A law enforcement agency;
 - (D) A harm reduction organization;
 - (E) A shelter or homeless services organization;
 - (F) An educational institution;
 - (G) A building manager; or
 - (H) A pain management center;
- (4) An emergency medical services technician;
- (5) A first responder;
- (6) A law enforcement officer; or
- (7) An employee of the State Crime Laboratory.

Buprenorphine Dispensing



Most Frequently Prescribed Opioids, Arkansas 2023



Source: AR PDMP merged with RxNorm
Prescriptions written by AR prescribers to AR residents

Buprenorphine Dispensing

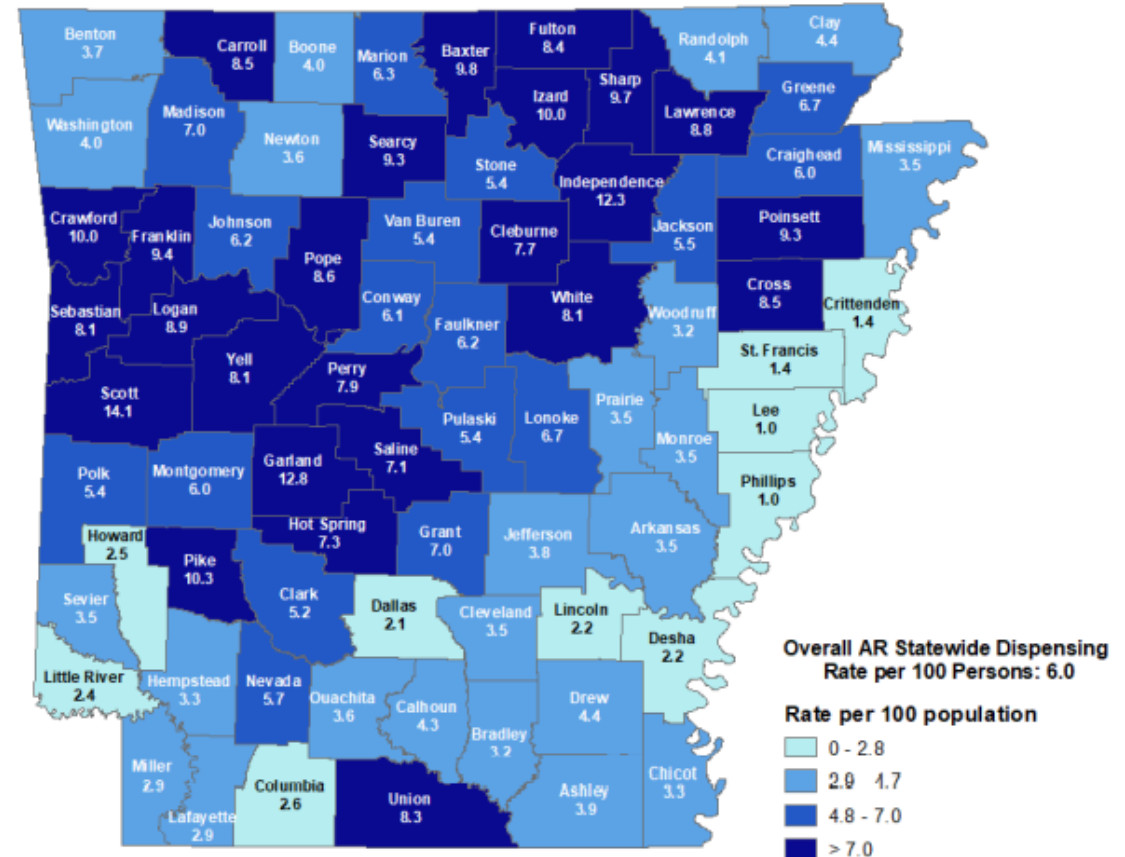


Buprenorphine Dispensing Rates per 100 People per County, Arkansas 2023

Buprenorphine Dispensing County Rates

According to the CDC, the overall **national buprenorphine dispensing rate was 4.9** prescriptions per 100 people in 2022.

In 2023, **Arkansas had a buprenorphine dispensing rate of 6.0** prescriptions per 100 people.



Includes only buprenorphine-containing products approved for treatment of OUD.
Excludes veterinary prescriptions.
Location is based on county of patient address.
Prescriptions written by AR prescribers to AR patients.

Source: AR PDMP merged with RxNorm

Opioid Dispensing

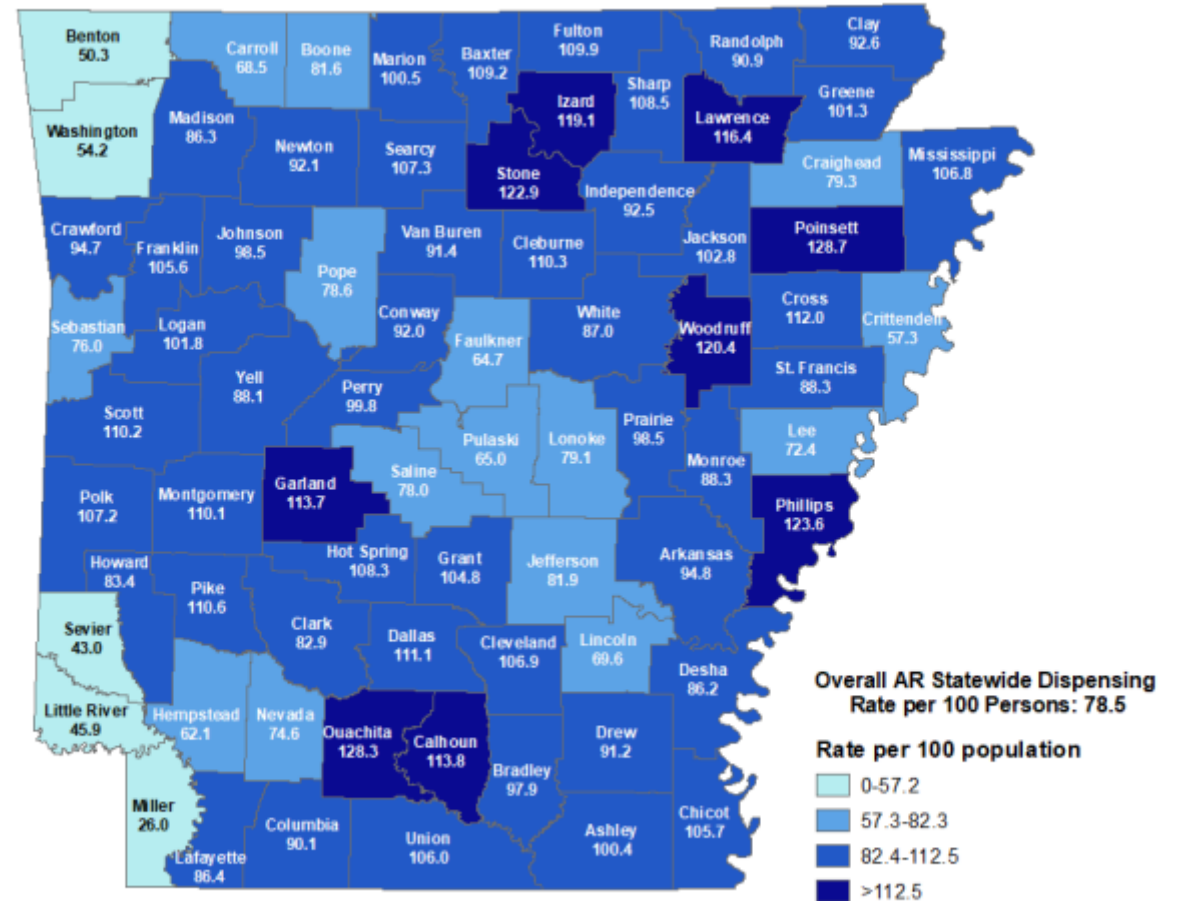


Opioid Dispensing Rates per 100 People per County, Arkansas 2023

Opioid Dispensing County Rates

According to the CDC, the **national average dispensing rate in 2022 was 39.5** opioid prescriptions per 100 people.

In 2023, **Arkansas had an opioid dispensing rate of 78.5** opioid prescriptions per 100 people.



Excludes buprenorphine-containing products approved for treatment of OUD.
Location is based on county of patient address.
Prescriptions written by AR prescribers to AR patients.

Notes from the field



- There are gaps in the cascade of care post overdose
- There are gaps in the knowledge pharmacies have of the opioid antagonist standing order

Goals for KAP Survey



1. To gain an understanding of baseline knowledge, stigma, attitudes, and beliefs among pharmacies (Pharmacists, technicians, and interns) within the state in providing buprenorphine and naloxone;
2. To identify future opportunities for pharmacy education pertaining to medications for opioid use disorder (MOUD) provided by/in collaboration with the AR PDMP;
3. To identify barriers to providing a continuous cascade of care post opioid overdose in an effort to inform future AR PDMP projects/grants; and
4. To publish results

Developing the KAP Survey: a Timeline

Dec 2022

Inspiration

At the Harold Rogers PDMP 2022 National Meeting, the ILPMP mentioned a KAP survey regarding their naloxone standing order as a planned future effort.

Sep 2023

Collaboration

After returning from maternity leave in September of 2023 I reached out and requested a copy of their survey questions and they graciously obliged.

Dec 2023

Adaptation

The KAP questions from Illinois were adapted to more appropriately reflect Arkansas legislation and expanded to incorporate questions regarding buprenorphine products.

Jan 2024

Partnership

Partnered with a researcher from the University of Arkansas (UA) at Little Rock was established with the understanding that they would build the electronic survey based on the approved ADH content and distribute the survey amongst the ADH provided recipients. The survey questions were uploaded to Qualtrics

Apr 2024

More Collaboration

Collaboration with the AR Board of Pharmacy provided a list of licensee e-mails.

Science Advisory Committee

The AR PDMP obtained permission from the Science Advisory Committee to disperse the survey and received recommendations including:

1. That an MOA be drafted between UA at Little Rock and ADH; and
2. That questions be tested on a sample population

Memorandum of Agreement

An MOA was drafted and the review/editing process began.

Questions Tested

The survey was sent to a total of 9 people (6 pharmacists, 2 interns, and a former tech). The feedback was extraordinarily helpful.

Mar 2024

Approval Process

Survey content went through the approval process at the ADH



Developing the KAP Survey: a Timeline

Jun 2024

More Approval

A finalized MOA was sent off for approval from ADH leadership and legal

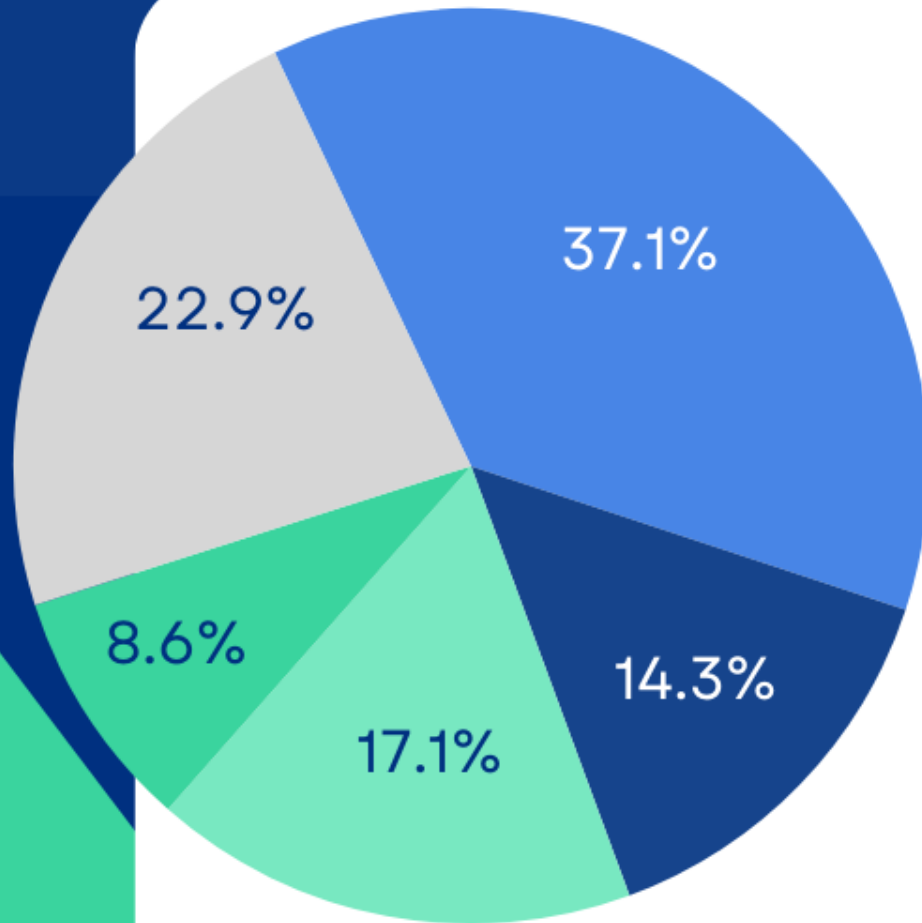
May 2024

CITI Program Training

I completed my Collaborative Institutional Training Initiative (CITI) Program training



BREAKDOWN OF QUESTIONS



PARTICIPANT INFORMATION/DEMOGRAPHICS

This includes the consent form

KNOWLEDGE

5 questions to gain an understanding of the participants knowledge of SUD and SUD treatment (3 for non-pharmacists)

ATTITUDE

6 questions to gain an understanding of beliefs and stigma (whether conscious or unconscious)

PRACTICE

3 questions to gain a better understanding of the participants practice setting and policy surrounding the standing order and workflow around dispensing buprenorphine

OTHER

8 questions that cover barriers, future education preferences, and willingness to collaborate with local clinicians to ensure buprenorphine access



A brief look at the survey



Restart Survey

Place Bookmark

Tools



Save work or start over



Mobile Friendly

3% Survey Completion

*Are you currently licensed as a Pharmacy Technician, Pharmacy Intern, or a Pharmacist in the State of Arkansas?

Yes

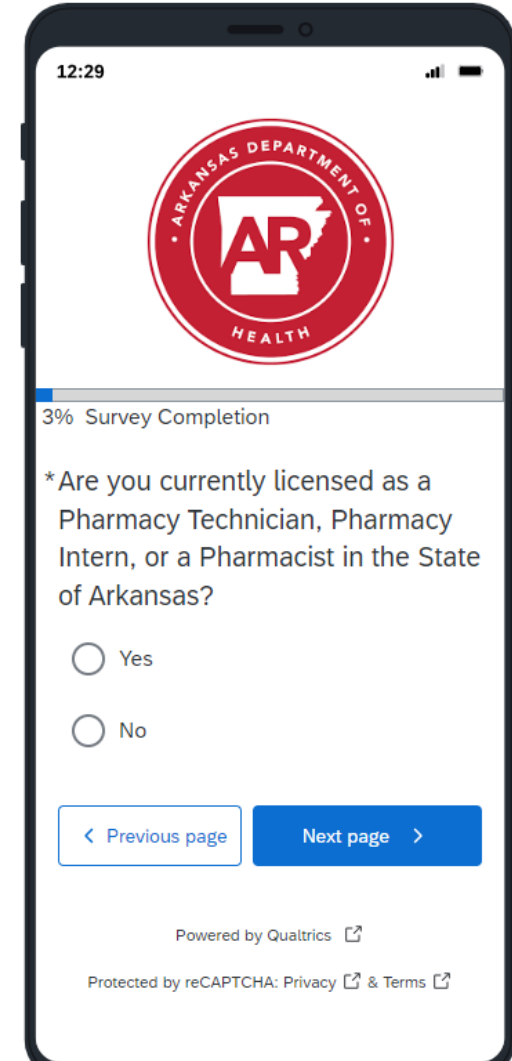
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Option to go back

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Progress Bar





A brief look at the survey: Knowledge

Before administering Narcan Nasal Spray, in what position should the person receiving the dose be in?

- Lay person on their back
- Roll person to their side
- Sit person up
- Person should be standing
- I don't know

If the person does not respond by waking up, to voice or touch, or breathing normally after a dose of Narcan Nasal Spray, which of the following statements are true?

- Narcan Nasal Spray may be dosed every 2-3 minutes
- Narcan Nasal Spray may be dosed every 5-10 minutes
- Narcan Nasal Spray may be dosed every 3-5 minutes
- Do not dose Narcan Nasal Spray more than once
- I don't know

A brief look at the survey: Practice



Does your location have a policy/procedure in place for dispensing naloxone without a prescription under the Arkansas Naloxone Protocol?

- Yes, the policy/procedure is in place, and I know where to find it
- Yes, policy/procedure is in place but not entirely sure where to find it
- No, policy/procedure is not in place
- Don't know/Unsure if one is in place or where to find it
- Not applicable to my practice

Questions?

